Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

	Date Stamp	California Form **802**

1. Agency Name

Salinas Valley Memorial Healthcare System

For Official Use Only

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Renée W. Jaenicke, Director of Internal Audit & Compliance

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
831-759-1958	rjaenicke@svmh.com

Date of Original Filing: _____
(month, day, year)

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2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 250.00

Event Description: Valley of the World Awards   Date(s) 11 / 14 / 18   11 / 14 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☒   If no: Corral de Tierra
Name of Source

Was ticket distribution made at the behest   Yes ☐ No ☒   If yes: _____
of agency official?   *Official's Name (Last, First)*

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3. Recipients

- Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Administration	5	Per IV.C. of Gift, Ticket & Honoraria Policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization *(include address and description)*	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee	Renée W. Jaenicke Print Name	Dir., Internal Audit & Compl. Title	11/15/2018 *(month, day, year)*

Comment: _____