

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

A Public Document

1. Agency Name

Salinas Valley Memorial Healthcare System

Division, Department, or Region (if applicable)

Date Stamp

California Form **802**

For Official Use Only

Designated Agency Contact (Name, Title)

Renée W. Jaenicke, Director of Internal Audit & Compliance

Area Code/Phone Number

831-759-1958

E-mail

rjaenicke@svmh.com

Amendment (Must Provide Explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 65.00

Event Description: Aging on Alliance Fashion Show Date(s) 2 / 21 / 19 2 / 21 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Pete Delgado, President/CEO
Official's Name (Last, First)

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	4	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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

2/22/2019
(month, day, year)

Comment: _____