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

A Public Document

Date Stamp	**California Form 802**
	For Official Use Only

1. Agency Name

Salinas Valley Memorial Healthcare System

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

Designated Agency Contact *(Name, Title)*

Renée W. Jaenicke, Director of Internal Audit & Compliance

Area Code/Phone Number	**E-mail**
831-759-1958	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 $ 150.00

Event Description: Man & Woman of the Year   Date(s) 06 / 01 / 19   06 / 01 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒   If no: Leukemia & Lymphoma Society
Name of Source

Was ticket distribution made at the behest Yes ☐ No ☒   If yes: _____
of agency official?   *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	10	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

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 Aud. & Compl. *Title*	6/6/2019 *(month, day, year)*

Comment: _____

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)