

**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 <i>(if applicable)</i> Designated Agency Contact <i>(Name, Title)</i> Renée W. Jaenicke, Director of Internal Audit & Compliance Area Code/Phone Number E-mail 831-759-1958 rjaenicke@svmh.com		Date Stamp <div style="text-align: right; border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ 130.00

Event Description: State of the Region Date(s) 11 / 8 / 17 11 / 8 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Monterey Bay Economic Partnership
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
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	2	Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Purnell, Carissa	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
Diaz-Infante, Alfred	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
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.

 <small>Signature of Agency Head or Designee</small>	Renée W. Jaenicke <small>Print Name</small>	Dir., Internal Audit & Compl. <small>Title</small>	11/10/2017 <small>(month, day, year)</small>
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Comment: _____

Agency Report of:
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 Continuation Sheet

Agency Name

Salinas Valley Memorial Healthcare System

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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wardwell, Jeff	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
Gattis, Jim	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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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