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)*

Designated Agency Contact *(Name, Title)*

Renée W. Jaenicke, Director of Internal Audit and Compliance

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

Date Stamp

California Form 802

For Official Use Only

☐ **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 $ 20.00

Event Description: Awards Luncheon *Provide Title/ Explanation* Date(s) 2 / 25 / 21 2 / 25 / 21

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Salinas Valley Chamber of Commerce *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	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., Int. Aud. & Compl. Title	3/3/2021 *(month, day, year)*

Comment: _____