

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

A Public Document

1. Agency Name Salinas Valley Memorial Healthcare System		Date Stamp	California Form 802
Division, Department, or Region <i>(if applicable)</i>		For Official Use Only	
Designated Agency Contact <i>(Name, Title)</i> Renée W. Jaenicke, Director of Internal Audit & Compliance		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	
Area Code/Phone Number 831-759-1958	E-mail rjaenicke@sfmh.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 10.00

Event Description: Coastal Kids Home Care Touch a Tru Date(s) 9 / 10 / 17 9 / 10 / 17
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
Patients and their families	9	Per IV.C.2.f/g of Gift, Ticket & Honoraria Policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

	Renée W. Jaenicke	Dir., Internal Audit & Compl.	9/18/2017
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

Comment: Community led event the proceeds of which support home nursing and therapy services for children