

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	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>		Date of Original Filing: _____ <i>(month, day, year)</i>

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 55.00

Event Description: Annual Awards Luncheon Date(s) 2 / 22 / 18 2 / 22 / 18
Provide Title/Explanation

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	7	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:
Schlumbrecht, Cathy	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>
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	2/23/2018 (month, day, year)
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Comment: _____