

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50.00

Event Description: Physician of the Year Banquet Date(s) 6 / 7 / 18 6 / 7 / 18  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Monterey County Medical Society  
*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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wilson, Alison	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. of Gift, Ticket & Honoraria Policy
Kanter, Gregory	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. 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.

 Renée W. Jaenicke Dir., Internal Audit & Compl. 6/8/2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Continuation Sheet**

Agency Name

Salinas Valley Memorial Healthcare System

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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:
Singh, Rakesh	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. of Gift, Ticket & Honoraria Policy
Gram, Kelly	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. 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