

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225.00

Event Description: Key for a Cure Foundation Gala Date(s) 9 / 14 / 19 9 / 14 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Key for a Cure
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: |
| Gage, Regina Turner, Richard | 2+2 | 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. of Gift, Ticket & Honoraria Policy |
| Merrill, Susan | 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. 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 |
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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 Aud. & Compl.
 Title

9/23/2019
 (month, day, year)

Comment: _____