

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Salinas Valley Memorial Healthcare System			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title)			
Renée W. Jaenicke, Director of Internal Audit & Compliance			
Area Code/Phone Number	E-mail		
831-759-1958	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: Mixer Date(s) 6 / 22 / 18 6 / 22 / 18
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
Administration	2	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.	6/29/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____