

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
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: Grower-Shipper Assn. Margarita Mixr Date(s) 6 / 21 / 19 6 / 21 / 19  
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	1	Per IV.C. of Gift, Ticket and Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wardwell, Harry	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: 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 Aud. & Compl. \_\_\_\_\_ 6/21/2019  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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