

# 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	<b>California Form 802</b>
Division, Department, or Region (if applicable)			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: _____ <small>(month, day, year)</small>	
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 \$ 125.00

Event Description: Banquet and Awards Ceremony Date(s) 10 / 27 / 19 10 / 27 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Center for Community Advocacy  
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	6	Per IV.C. of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
LeBlanc, Genevieve	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
		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.
11/1/2019  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

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