

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

A Public Document

1. Agency Name Salinas Valley Memorial Healthcare System		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Renée W. Jaenicke, Director of Internal Audit and 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 \$ 250.00

Event Description: Valley of the World Date(s) 10 / 2 / 21 10 / 2 / 21
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: National Steinbeck Center
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	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:
Rey, Victor Turner, Richard	2+2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Gage, Regina	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

 <small>Signature of Agency Head or Designee</small>	Renée W. Jaenicke <small>Print Name</small>	Dir., Internal Aud. & Compl. <small>Title</small>	10/18/2021 <small>(month, day, year)</small>
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Comment: _____