

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
Salinas Valley Memorial Healthcare System			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Renée W. Jaenicke, Director of Internal Audit & Compliance			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ 55.00

Event Description: 96th Annual Awards Luncheon Date(s) 2 / 23 / 17 2 / 23 / 17  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Salinas Valley Chamber of Commerce  
*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	5	Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Orman, Chris	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
Purnell, Carissa	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
C. Name of Outside Organization <i>(Include address and description)</i>	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.	3/3/2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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 Continuation Sheet

Agency Name

Salinas Valley Memorial Healthcare System

**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:
Gattis, Jim	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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