

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
Salinas Valley Memorial Healthcare System Division, Department, or Region <i>(if applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i> Renée W. Jaenicke		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  Date of Original Filing: _____ <small><i>(month, day, year)</i></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 \$ 95.00

Event Description: Rotary Club of Salinas event    Date(s) 2 / 25 / 17    2 / 25 / 17  
*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: \_\_\_\_\_  
*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	4	Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
D'Arrigo-Martin, Margaret	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Per IV.C.2. d/e/f of Gift, Ticket, & Honoraria Policy
Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>		
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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><i>(month, day, year)</i></small>

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