

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Salinas Valley Memorial Healthcare System			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
Designated Agency Contact (Name, Title)		<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 \$ 50.00

Event Description: IMPOWER Luncheon Date(s) 5 / 11 / 17 5 / 11 / 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	10	Per IV.C.2. a/b/c of Gift, Ticket & Honoraria Policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
D'Arrigo-Martin, Margaret	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" 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>
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.	5/22/17
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____