

**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 & 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 \$ 15.00

Event Description: United Way Community Breakfast Date(s) 09 / 26 / 18 09 / 26 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: United Way of Monterey County
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: |
| Diaz-Infante, Alfred | 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. | 9/28/2018 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

Comment: _____