

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

**A Public Document**

<b>1. Agency Name</b> Salinas Valley Memorial Healthcare System Division, Department, or Region (if applicable)		Date Stamp	<b>California Form 802</b> For Official Use Only
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: _____ (month, day, year)	
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 \$ 125.00

Event Description: Go Red Luncheon Date(s) 02 / 17 / 17 02 / 17 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: American Heart Association  
*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	9	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: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Oh, Chris MD	1	Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
Meyers, Deborah MD	1	Per IV.C.2. d/e of Gift, Ticket & Honoraria Policy
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. 2/22/2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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 Continuation Sheet

Agency Name

Salinas Valley Memorial Healthcare System

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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:
Gerber, Richard, MD	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
Wlodarczyk, Bob, MD	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>
		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