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

A Public Document

Date Stamp	**California Form 802**
	For Official Use Only

1. Agency Name
Salinas Valley Memorial Healthcare System

Division, Department, or Region *(if applicable)*

Designated Agency Contact *(Name, Title)*

Renée W. Jaenicke, Director of Internal Audit & Compliance

Area Code/Phone Number	E-mail
831-759-1958	rjaenicke@svmh.com

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒   No ☐   Face Value of Each Ticket/Pass $ 150.00

Event Description: Have a Heart for Students Dinner   Date(s) 02 / 18 / 17   02 / 18 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ☒   If no: CSUMB
Name of Source

Was ticket distribution made at the behest   Yes ☐   No ☒   If yes: _____
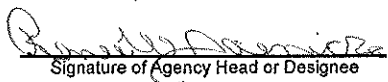of agency official?   *Official's Name (Last, First)*

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	7	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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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.

Signature of Agency Head or Designee	Renée W. Jaenicke	Dir., Internal Audit & Compl.	2/22/2017
	Print Name	Title	*(month, day, year)*

Comment: _____