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

**A Public Document** 

1.	Agency Name				Date Stamp	California 802		
	Salinas Valley Memorial He	althcare System			Form CC_			
	Division, Department, or Regi	rision, Department, or Region (if applicable)				For Official Use Only		
	Designated Agency Contact (Name, Title)							
	Lorrie Oelkers, Director of Internal Audit				Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number   E-mail			Amendment (inust Provide Explanation in Part 3.)				
	831-759-1958	m		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 \$							
	Event Description: Grower Shipper Association-  Provide Title/ Explanation  Date(s) 6					, 23 , 202		
	1000 11 11 11 11 11 11 11 11 11 11 11 11							
	Name of Source							
	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)			
	of agency official?				omorare riame (East, rinely			
3.	Paciniants							
	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		e the public purpose made pursuant to the agency's policy			
	Administration		2	Per IV.C of	r IV.C of Gift, Ticket & Honoraria Policy			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	Income □		
				16399	nonial Role Other Cing "Ceremonial Role" or "Other" de	763 FW		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
4.	Verification	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance		
	with the requirements.  Lorrie Oelkers Direct				tor	07/00/02		
	Signature of Agency Head or Design	rs Print Name	— Direc	Title	(month, day, year)			
	Signature of Agency Flead of Design		THE HOLLS		nue	(month, day, year)		
	Comment:	<u> </u>						

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



_	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.							
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
		Number						
B	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:  Ceremonial Role Cther Income Income If checking "Ceremonial Role" or "Other" describe below:					
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:					
			Ceremonial Role Cother Cother describe below:					
			Ceremonial Role. Other Income Income It checking "Ceremonial Role" or "Other" describe below:					
C.	Name of Outside Organization (include address and description)	Nümber of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
<del></del>								

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)