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

A Public Document

1. Agency Name			Date Stamp	California 802		
Salinas Valley Memorial Healthcare System			***	Form OUZ		
Division, 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 (Must)	Provide Explanation in Part 3.)		
831-759-1958 loelkers@svmh.c	om		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: Brighter Bites Spring Luncheon Provide Title/ Explanation Date(s) 5 11 2022						
		f no:				
			Name of Source	· · · · · · · · · · · · · · · · · · ·		
Was ticket distribution made at the behest Yes	s 🗌 No 🔳 🏻 I	f yes:	Official's Name (Last, First)			
of agency official?			omoid o riame (Eddi, rind)			
3. Recipients						
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.						
The section with the transfer of the section of the	Number		di. Ose section e to identi	ny an oatside organization.		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
	1 43363	Per IV.C of	Gift, Ticket & Honora	ria Policy		
Administration	7	The tribe of one, money a money and policy				
	Number			ACHE COLO DE VICE		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	The same of	Identify one of the	following:		
		Cerem	onial Role Other	Income		
	1	If checking "Ceremonial Role" or "Other" describe below:				
		Cerem	onial Role Other	Income		
		2.20	ing "Ceremonial Role" or "Other" de	1001 000		
Name of Outside Organization	Number	Describe the	and the same			
(include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy		
Blue Zones Project	2	In account a	f CV/MILL and and the second			
Bide Zories Project		in support o	f SVMH commitment	to community nearth		
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,						
Lorrie Oelkers Direct			tor	05/17/2023		
Signature of Agency Head or Designee Print Name			Title	(month, day, year)		
Comment:	Comment:					
Sommon.						

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.							
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:					
		Ceremonial Role Other Income I					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income					
		Cerémonial 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					

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