Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

2. Function or Event Information

Area Code/Phone Number

831-759-1958

3.

emonial Role Even	TO GITTE THOROUT			Date Stamp	A Public Document California
calinas Valley Memorial Healthcare System				Date Stamp	Form 802
ivision, Department, or Region (if applicable)					For Official Use Only
esignated Agency Contact	(Name, Title)				
enée W. Jaenicke, Directo	r of Internal Audit &	Amendment (Mus	t Provide Explanation in Part 3.)		
rea Code/Phone Number	E-mail				triovido Explandion III alt o.,
31-759-1958	rjaenicke@svmh.co	enicke@svmh.com		Date of Original Filing	g:(month, day, year)
unction or Event Infor	mation				
oes the agency have a tick	ret policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$	225+\$80+10
vent Description: Californi	a Rodeo		Date(s)		7 , 13 , 18
veni Description.	Provide Title/Explai	nation	Jate(s)		
-14/-\/D/-\	by agency? Yes F	⊠ No 🗆 I	f no:		
icket(s)/Pass(es) provided					
			Luca. Delgado	Name of Source D. Pete. President/Cl	EO
las ticket distribution made			f yes: <u>Delgado</u>	Name of Source p, Pete, President/Cl Official's Name (Last, Firs	EO
Vas ticket distribution made			f yes: Delgado	o, Pete, President/Cl	EO t)
las ticket distribution made of agency official?			f yes: Delgado	o, Pete, President/Cl	EO
las ticket distribution made of agency official? Recipients	e at the behest Yes	⊠ No □ I		o, Pete, President/Cl Official's Name (Last, Firs	t)
Vas ticket distribution made of agency official? Recipients • Use Section A to identify the agen	e at the behest Yes [⊠ No □ I	identify an individ	O, Pete, President/Cl Official's Name (Last, Firs	t)
Vas ticket distribution made of agency official? Recipients Use Section A to identify the agen A. Name of Agency, Depart	e at the behest Yes [Use Section B to Number of Ticket(s)/	identify an individ Describe th	O, Pete, President/Cl Official's Name (Last, Firs	entify an outside organization. ursuant to the agency's policy
Vas ticket distribution made of agency official? Recipients Use Section A to identify the agen Name of Agency, Depare	e at the behest Yes [Use Section B to Number of Ticket(s)/ Passes	identify an individ Describe th	o, Pete, President/Cl Official's Name (Last, Firs ual. • Use Section C to ide e public purpose made p	entify an outside organization. ursuant to the agency's policy
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Vas ticket distribution made of agency official? Recipients Use Section A to identify the agen Name of Agency, Deparament	e at the behest Yes [Use Section B to Number of Ticket(s)/ Passes 4+6+2	identify an individ Describe th	o, Pete, President/Cl Official's Name (Last, Firs ual. • Use Section C to ide e public purpose made p Gift, Ticket & Honora	entify an outside organization. ursuant to the agency's policy aria Policy
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Vas ticket distribution made of agency official? Recipients Use Section A to identify the agen A. Name of Agency, Deparaments Administration Name of Indi	e at the behest Yes [cy's department or unit. • artment or Unit	Use Section B to Number of Ticket(s)/ Passes 4+6+2	Describe th Per IV.C. of	O, Pete, President/Cl Official's Name (Last, Firs ual. • Use Section C to ide e public purpose made p Gift, Ticket & Honora	entify an outside organization. ursuant to the agency's policy aria Policy following:
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	1		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below	Income D
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
/erification			
have read and understand FPPC Regulations 1894 with the requirements.	14.1 and 18942. I	have verified that the distribution set forth abo	ove, is in accordance
2500 D. 1 100000	e W. Jaenicke	Dir., Internal Audit & Compl.	7/20/2018 (month, day, year)
Comment: \$225 sponsor badges, \$80 for stand	ding floor tickets	s, \$10 for parking passes	
		FF FPPC Toll-Free Helpline: 866/ASM	PPC Form 802 (2/2016) K-FPPC (866/275-3772)