Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Salinas Valley Memorial Healthcare System **Form** Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name, Title) Renée W. Jaenicke, Director of Internal Audit & Compliance Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 831-759-1958 rjaenicke@svmh.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 85.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Alliance on Aging fund raising event Date(s) __09__/ 07 / 09 07 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Pete Delgado, President/CEO Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Administration Per IV.C. of Gift, Ticket & Honoraria Policy 2 Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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.	9/14/2018
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			