**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Salinas Valley Memorial Healthcare System 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 \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Meals on Wheels Culinary Classique Date(s) 11 / 18 / 18 / 11 18 Provide Title/ Explanation If no: Meals on Wheels Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Administration Per IV. C. of Gift, Ticket & Honoraria Policy 10 Number Name of Individual В. 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 Income Other \_ 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 Print Name	Dir., Internal Audit & Compl.	11/20/2018 (month, day, year)
Comment:			