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

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1.	Agency Name				Date Stamp	California Q02		
	Salinas Valley Memorial He	althcare System		Form OUZ				
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Designated Agency Contact (Name, Title)	1					
	Lorrie Oelkers, Director of Ir	nternal Audit	Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail			. Amendment (Must Pri	ovide Explanation in Part 3.)		
	831-759-1958	loelkers@svmh.cor	n		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Inform	mation						
	Does the agency have a tick	et policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$	85.00		
	Event Description: Ca.Rodeo Salinas Little Big Town Con Date(s) 7 14 202							
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: California Rodeo Name of Source							
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, First)			
	of agency official?	,001			Official's Name (Last, First)			
_								
3.	Recipients	8.9	61 12	2 12				
	 Use Section A to identify the agen 	cy's department or unit. •		dentify an individu	ıal. Use Section C to identify	an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	cribe the public purpose made pursuant to the agency's policy			
	Administration		6	Per IV.C. of	of Gift, Ticket & Honoraria Policy			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
				90000000000	onial Role Other Other or "Other" descripg "Ceremonial Role" or "Other" descriptions	Income		
					onial Role Other or "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
ı.	Verification							
1	have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified ti	hat the distribution set for	th above, is in accordance		
d	A Political State of the Control of	Lorrie Oelkers	3	Direct	tor	08/08/2023		
6	Signature of Agency Head or Designe	ee Pri	int Name		Title	(month, day, year)		
	Comment:							
	Odminone.							

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 id	entify an individual. Úse 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 poli
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incon If checking "Ceremonial Role" or "Other" describe below:
	:	Ceremonial Role Other Incon If chacking "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 polic

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