Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** Salinas Valley Memorial Healthcare System For Official Use Only Division, Department, or Region (if applicable) **Designated Agency Contact** (Name, Title) Renee W. Jaenicke, Director, Internal Audit and Compliance Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: riaenicke@svmh.com 831-759-1958 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{15 \times 8 \text{ persons}}{120}$ Does the agency have a ticket policy? Yes ✓ No ☐ Event Description: Drive in Movie Night (Ctr for Comm Adv Date(s) 10 2020 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🗹 No 🗌 Name of Source Pete Delgado, President and CEO Was ticket distribution made at the behest Yes ✓ No □ Official's Name (Last, First) of agency official? Recipients 3. • 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per IV.C. of Gift, Ticket and Honoraria Policy **SVMHS Administration** 5 Number identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔽 Income ___ If checking "Ceremonial Role" or "Other" describe below. Per IV.C. of Gift, Ticket and Honoraria Policy Rey, Victor (Board member) 1 Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Per IV.C. of Gift, Ticket and Honoraria Policy Cabrera, Juan (Board member) 1 Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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. Sr. Adm. Dir. Quality and Pt Safety 11/3/2020 Lea Woodrow (month, day, year) Print Name Title Signature of Agency Head or Designee

Comment: Form completed by Lea Woodrow on behalf of Renee Jaenicke

Agency Report of:

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:
Hernandez Laguna, Joel (Board member)	1	Ceremonial Role Other Implication of the Implicatio
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial 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