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

| C  | eremonial Role Even   | A Public Document  |                         |  |  |  |   |  |
|--|---|--|-------------------------|--|--|--|---|--|
| Ι.   | Agency Name   | Date Stamp   | <b>C</b> ali            | fornia 802   |  |  |   |  |
|  | Salinas Valley Memorial Healthcare System   |  |                         |  |  | letanalimbarinemean  | CONTRACTOR OF THE PROPERTY OF |  |
|  | Division, Department, or Regi   |  |                         | Fo   | r Official Use Only                              |  |   |  |
|  |   |  |                         |  |  |  |   |  |
|  | Designated Agency Contact (Name, Title)   |  |                         |  |  |  |   |  |
|  | Renée W. Jaenicke. Directo  | r of Internal Audit & 0<br>E-mail  | Compliance              |  | Amendment (Must Provide Explanation in Part 3.)  |  |   |  |
|  | Area Code/Phone Number  |  |                         |  |  |  |   |  |
|  | 831-759-1958 rjaenicke@svmh.com   |  |                         |  | Date of Original Filing:(month, day, year)       |  |   |  |
| 2.   | Function or Event Information   |  |                         |  |  |  | NS-96018-0018-72-2-11/10-0018-7-11-11-11-11-11-11-11-11-11-11-11-11-1   |  |
|  | Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of E  |  |                         |  | Each Ticket/Pass \$ 65.00                        |  |   |  |
|  | Event Description: IMPOWER Luncheon Date(s)   |  |                         |  |  |  |   |  |
|  | Provide Title/ Explanation  |  |                         |  |  |  |   |  |
|  | Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: IMPOWER  |  |                         |  | Name of Source                                   |  |   |  |
|  | Was ticket distribution made at the behest Yes ☐ No ☒ If yes:   |  |                         |  |  |  |   |  |
|  | of agency official?   |  |                         |  | Official's Name (Last,                           | First)   |   |  |
| America de la constantina della constantina dell | or 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 |  |                         |  |  |  | side organization.  |  |
|  | A. Name of Agency, Depa   | Number<br>of Ticket(s)/<br>Passes  | Describe th             | Describe the public purpose made pursuant to the agency's policy |  |  |   |  |
|  | Administration  | 8  | Per IV.C. of            | of Gift, Ticket & Honoraria Policy                               |  |  |   |  |
|  |   |  |                         |  |  |  |   |  |
|  |   |  | Number                  |  |  |  | Turene i izerom seerit in d   |  |
|  | B. Name of Indi   | of Ticket(s)/<br>Passes  |                         | Identify one of the following:                                   |  |  |   |  |
|  |   |  |                         | 1  | nonial Role  Ot<br>king "Ceremonial Role" or "Ol | her 🔲  | Income 🔲  |  |
|  |   |  |                         | n chock  | any committee at of                              | ner describe below.  |   |  |
|  |   |  |                         | Ceren  | nonial Role Ot                                   | her 🗌  | Income [  |  |
|  |   |  |                         | If check   | king "Ceremonial Role" or "Ol                    | her" describe below:   |   |  |
|  | C Name of Outside O   | rganization  | Number<br>of Ticket(s)/ | Describe th  | e public purpose mad                             | te pursuant to t   | he agency's policy  |  |
|  | (include address and  | l description)   | Passes                  |  |  |  |   |  |
|  |   |  |                         |  |  |  |   |  |
|  |   |  |                         |  |  |  |   |  |
|  |   |  |                         |  |  |  |   |  |
| <u> </u>   | Verification  | ergine dennes anno settimo more families fortano come estimo de more de la composició de la composició de la c |                         |  |  | <u>MATOCATORING ASSAULTA ASSAULTA</u> |   |  |
| ••   | I have read and understand FF with the requirements.  | PPC Regulations 18944  | .1 and 18942.           | I have verified t  | that the distribution                            | set forth abov   | re, is in accordance  |  |
| ł  | Renée W. Jaenicke   |  |                         | Dir  | Dir., Internal Audit & Compl. 5/4/2018           |  |   |  |
|  | Signature of Agency Head or Design  |  | rint Name               | <u> </u>   | Title  | COMP.  | (month, day, year)  |  |
|  | Cammant   | •  |                         |  |  |  |   |  |
|  | Comment:  |  |                         |  |  |  |   |  |