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

1. Agency Name
   Tri-City Healthcare District
   Division, Department, or Region (if applicable)
   External Affairs Department
   Designated Agency Contact (Name, Title)
   Aaron Byzak, Chief External Affairs Officer (designee)
   Area Code/Phone Number  E-mail
   760-940-5770  mcdowells@tcmc.com

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $35.00
   Event Description: MC College - Community Leaders Bft
   Date(s) 10/22/19
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: ____________________________
   Name of Source
   If yes: ____________________________
   Official's Name (Last, First)

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO, COO</td>
<td>2</td>
<td>Ticket Policy Section III B Category 1</td>
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<tr>
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<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Identify one of the following:</td>
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<tr>
<td>Chavez, Rocky; Nygaard, Julie; Schallock, Larry; Paroly, Jennifer; Shrader, Jessica</td>
<td>5</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐ Ticket Policy Section III B Category 1</td>
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<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Passes</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
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<td>(Include address and description)</td>
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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: ____________________________
   Aaron Byzak  Print Name
   Chief External Affairs Officer  Title
   10/23/19  (month, day, year)

Comment: ____________________________