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 $125.00
Event Description: Vista COC - Meet the Leaders
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 10/4/19
If no:
Was ticket distribution made at the behest of agency official? Yes ☒ 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; CEO; CMO;</td>
<td>3</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grass, Leigh Anne; Grass, Andy; Ma, Kelly; Hodges, Sherry; Bates, Patricia; Desmond, Jim; Jabara, Kristal, Paroly, Jennifer</td>
<td>8</td>
<td>Ceremonial Role ☒ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</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></td>
<td></td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

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: [Signature]
Print Name: [Signature]
Date: 10/23/19

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)