

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

A Public Document

1. Agency Name Tri-City Healthcare District		Date Stamp	California Form 802 For Official Use Only
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 760-940-5770	E-mail mcdowells@tcmc.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>9/13/19</u> <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150.00

Event Description: WRC Magical Evening Gala Date(s) 9 / 13 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		Ticket Policy Section III B Category 1
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Grass, Leigh Anne; Grass, Andy	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below Ticket Policy Section III B Category 1
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
		Ticket Policy Section III B Category 1

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.


 _____ Aaron Byzak _____ Chief External Affairs Officer _____ 10/23/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____