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 $150.00
Event Description: WRC Magical Evening Gala
Date(s) 9 / 13 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: __________________________
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: __________________________

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>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>Ticket Policy Section III B Category 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Grass, Leigh Anne; Grass, Andy</td>
<td>2</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
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</tbody>
</table>

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<thead>
<tr>
<th>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>
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<tbody>
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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 __________________________
Signature __________________________
Print Name __________________________
Title __________________________
Date 10/23/19 (month, day, year)

Comment: __________________________