

**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
Division, Department, or Region <i>(if applicable)</i> External Affairs Department			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Aaron Byzak, Chief External Affairs Officer (designee)		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>4/27/19</u> <small><i>(month, day, year)</i></small>	
Area Code/Phone Number 760-940-5770	E-mail mcdowells@tcmc.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 250.00

Event Description: AHA Heart Ball-Night at the Derby Date(s) 4 / 27 / 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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Grass, Leigh Anne; Nygaard, Julie; Chavez, Rocky; Grass Andy; Chavez, Mary; Nygaard, Paul	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below</i></small> Ticket Policy Section III B Category 1
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
American Heart Association 9404 Genesee Ave, San Diego, Ca 92037	6	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.

 Signature of Agency Head or Designee	Aaron Byzak Print Name	Chief External Affairs Officer Title	10/1/19 <small><i>(month, day, year)</i></small>
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Comment: _____