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 760-940-5770
   E-mail mcdowellstincmc.com
   Date Stamp
   California Form 802
   For Official Use Only
   Date of Original Filing: 6/8/19

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $250.00
   Event Description: CSUSM Celebrating a Legacy Gala
   Provide Title/Explanation
   Date(s) 6/8/19
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Name of Source
   If yes: Official’s Name (Last First)
   Was ticket distribution made at the behest of agency official? Yes □ No X

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>CEO, CEAO, CCO, CNE</td>
<td>4</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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; Schallock, Larry; Grass, Andy; Byzak, Amanda; Garcezewski, Andrew; Garcia, Celia</td>
<td>6</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<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>
</thead>
<tbody>
<tr>
<td>Cal State University, San Marcos 333 S Twin Oaks Valley Rd, SM, CA 92096</td>
<td>10</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

   Aaron Byzak
   Chief External Affairs Officer
   Print Name
   Title
   Date 10/1/19
   (month day year)

Comment: