

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Tri-City Healthcare District			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
External Affairs Department			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3)</i> Date of Original Filing: <u>8/23/19</u> <small><i>(month day year)</i></small>	
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 \$ 69.00

Event Description: C'bad COC State of the Community Date(s) 8 / 23 / 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
CEO, CEAO, CME, General Council, COO, CNE	6	Ticket Policy Section III B Category 1
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
See Attached List	14	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><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Carlsbad Chamber of Commerce 5934 Priestly Dr, Carlsbad, CA 92008	20	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: _____

Ticket Distribution 2019

Event: State of the Community Luncheon Carlsbad
COC

8/23/2019

	Individual	Organization	Address/URL	Ticket Amt
Requested Distribution to Non-Profit, City , School				
Distributed to Individuals				
1	Leigh Anne Grass	TCMC BOD Chair		
2	Larry Schallock	TCMC BOD		
3	Rocky Chavez	TCMC BOD		
4	Jim Desmond	County Supervisor		
5	John Franklin	Mayor Pro Tem		
6	Patricia Bates	State Senator		
7	Judy Ritter	Mayor of Vista		
8	Sherry Hodges			
9	Patty Johnson			
10	Miles Himmel			
11	Rebecca Jones	Mayor of San Marcos		
12	Willie Buchanon			
13	Carlyn Grant			
14	Jessica Shrader	TCMC Event Coordinator		