

**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 (if applicable) External Affairs Department			For Official Use Only
Designated Agency Contact (Name, Title) Aaron Byzak, Chief External Affairs Officer (designee)			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)
Area Code/Phone Number 760-940-5770	E-mail mcdowells@tcmc.com	Date of Original Filing: <u>7/4/19</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 \$ 60.00

Event Description: City of Vista 4th of July Celebration Date(s) 7 / 4 / 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
CEAO	1	Ticket Policy Section III B Category 1
B. Name of Individual (Last, First)		
See Attached List	11	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small> Ticket Policy Section III B Category 1
C. Name of Outside Organization (include address and description)		
City of Vista 200 Civic Center Drive, Vista, California 92084	12	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

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

Ticket Distribution 2019

Event: City of Vista 4th of July

Date: 7/4/19

	Individual	Organization	Address/URL	Ticket Amt
Requested Distribution to Non-Profit, City , School				
Distributed to Individuals				
1	George Coulter	TCMC BOD		
2	Guest Coulter			
3	Rocky Chavez	TCMC BOD		
4	Mary Chavez			
5	Aaron Byzak	CEAO		
6	Amanda Byzak			
7	Cassandra Byzak			
8	Adam Byzak			
9	Jessica Shrader	TCMC Event Coordinator		
10	Orion Shrader			
11	Daughter Shrader			
12	Celia Garcia			
13	Andrew Garczeski			
14	Susan McDowell	Sr. Admin Asst		
15	John McDowell			
16	Jennifer Paroly	TCMC Foundation Director		