Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Tri-City Healthcare District For Official Use Only Division, Department, or Region (if applicable) External Affairs Department Designated Agency Contact (Name, Title) Aaron Byzak, Chief External Affairs Officer (designee) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 3/14/19 760-940-5770 mcdowells@tcmc.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Elks Law & Order Awards Dinner Date(s) 3 / 14 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: \_ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Ticket Policy Section III B Category 1 CEO, CEAO 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Grass, Leigh Anne; Schallock, Larry; Grass, If checking "Ceremonial Role" or "Other" describe below 3 Andy; Ticket Policy Section III B Category 1 Income | Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Ticket Policy Section III B Category 1 Oceanside Elks Lodge 5 444 Country Club Lane, Oceanside, CA 92054 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. Chief External Affairs Officer 10/1/19 Aaron Byzak Signature of Agency Head or Designee Print Name (month, day, year) Comment:

Agency Report of: