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 mcdowells@tcmc.com

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3)
Date of Original Filing: 9/26/19
(month/day/year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $95.00
Event Description: Friends of La Posada Gala
Date(s) 9/26/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: ____________________________
Name of Source ____________________________
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
CEAO, General Counsel, CMO
Number of Ticket(s)/Passes 3
Describe the public purpose made pursuant to the agency’s policy
Ticket Policy Section III B Category 1

B. Name of Individual (Last, First)
Grass, Leigh Anne; Nygaard, Julie; Nygaard, Paul; Byzak, Amanda; Ma, Kelly; Garcia, Celia; Garchzewski, Andrew
Number of Ticket(s)/Passes 7
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
if checking “Ceremonial Role” or “Other” describe below
Ticket Policy Section III B Category 1

C. Name of Outside Organization (Include address and description)
Friends of La Posada
2478 Impala Dr, Carlsbad, CA 92010
Number of Ticket(s)/Passes 10
Describe the public purpose made pursuant to the agency’s policy
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

Print Name
Aaron Byzak
Chief External Affairs Officer

Title
Date 10/1/19
(month/day/year)

Comment: ____________________________