

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b>
Tri-City Healthcare District			For Official Use Only
Division, Department, or Region (if applicable)			
External Affairs Department			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: <u>9/26/19</u> <small>(month, day, year)</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 \$ 95.00

Event Description: Friends of La Posada Gala    Date(s) 9 / 26 / 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, General Counsel, CMO	3	Ticket Policy Section III B Category 1
<b>B. Name of Individual (Last, First)</b>		
		<b>Identify one of the following:</b>
Grass, Leigh Anne; Nygaard, Julie; Nygaard, Paul; Byzak, Amanda; Ma, Kelly; Garcia, Celia; Garczewski, Andrew	7	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 Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
<b>C. Name of Outside Organization (include address and description)</b>		
Friends of La Posada 2476 Impala Dr, Carlsbad, CA 92010	10	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 (month, day, year)
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Comment: \_\_\_\_\_