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

1. 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 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 $45.00
Event Description: O'side COC Awards & Recognition
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: 
If yes: 
Name of Source
Official's Name (Last, First)
Date of Original Filing: 7/17/19 (month, day, year)

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO, CEOA, COO, CNE</td>
<td>4</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroly, Jennifer; Shrader, Jessica;</td>
<td>2</td>
<td>Check one: Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oceanside Chamber of Commerce 928 N Coast Hwy, Oceanside, CA 92054</td>
<td>6</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

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)

Comment: