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 [x] No [ ]
Event Description: O'side COC Meet the City of O'side
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
Face Value of Each Ticket/Pass $95.00
Date(s) 1/31/19

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>A. 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, General Council, COO</td>
<td>4</td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. 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>Grass, Leigh Anne; Chavez, Rocky; Nygaard, Julie; Schallock, Larry</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Section III B Category 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>8</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: __________________________
Print Name: __________________________
Title: __________________________
Date: 10/1/19 (month, day, year)

Comment: __________________________