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

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. Agency Name	Date Stamp	California OOO					
Tri-City Healthcare District		Form 802					
Division, Department, or Region (if applicable)		For Official Use Only					
External Affairs Department							
Designated Agency Contact (Name, Title)							
Aaron Byzak, Chief External Affairs Officer (des	Amandment (Mark Co.	vide Contention in Sect 2 l					
Area Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3)						
760-940-5770 mcdowells@tcmc	.com		Date of Original Filing: 1/31/19 (month, day, year)				
2. Function or Event Information							
Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>^{95.}</u>	00			
Event Description: O'side COC Meet the City of Provide Title/ Exp	lanation						
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ If	no:	Name of Source				
			Name of Source				
Was ticket distribution made at the behest Yes No No No Official's Name (Last. First)							
of agency official?			,				
B. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individ	lual. • Use Section C to identif	fy an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	<u> </u>	Describe the public purpose made pursuant to the age				
CEO, CEAO, General Council, COO	4	Ticket Policy	Section III B Category 1				
	Number						
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo				
Grass, Leigh Anne; Chavez, Rocky; Nygaard, Julie; Schallock, Larry	4	If chec	remonial Role Other I Income I				
			monial Role Other Other cking "Geremonial Role" or "Other" desi	Income 🔲			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe ti	he public purpose made pursuant to the agency's policy				
Oceanside Chamber of Commerce 928 N Coast Hwy, Oceanside, CA 92054	8	Ticket Polic	/1				
4. Verification							
I have read and understand FPPC Regulations 189 with the requirements.	44.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance			
	aron Byzak	Ch	ief External Affairs Offic	cer 10/1/19			
onature of Agency Head or Designee	Print Name	107	Title	(month. day. year)			
Comment:							