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

1. Agency Name

**A Public Document** 

. Agency Name	_ 77		Date Stamp	California 802	
Tri-City Healthcare District				FOIII CO.	
Division, Department, or Region (if applicable)				For Official Use Only	
External Affairs Department					
Designated Agency Contact (Name, Title)					
Aaron Byzak, Chief External Affairs Officer (desi	gnee)		M Amendment (Marry Re	ride Fuele sedies in Part 2)	
Area Code/Phone Number   E-mail			Must Pr		
760-940-5770 mcdowells@tcmc.c	com	Date of Original Filing: 2/26/19 (month, day, year)		2/26/19 (month, day, year)	
. Function or Event Information					
Does the agency have a ticket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 60	.00	
Event Description: SM COC State of the City  Provide Title/ Expla	nation D	ate(s) 2	, 26 , 19		
Ticket(s)/Pass(es) provided by agency? Yes		no:	Name of Source	- 8	
, , , , , , , , , , , , , , , , , , , ,					
Was ticket distribution made at the behest Yes	□ No⊠ <sup>If</sup>	yes:	Official's Name (Last, First)		
of agency official?			Omerais Warre (Last, Filst)		
3. Recipients					
• Use Section A to identify the agency's department or unit.		dentity an individ	lual, • Use Section C to identi	ly an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy		
CEAO, COO	2	Ticket Policy	cy Section III B Category 1		
B. Name of Individual (Last, First)	Number of Ticket(s)/		identify one of the fo	ollowing:	
	Passes	2		Income 🔲	
See Attached List	6	If chec	nonial Role	scribe below	
20			monial Role Other C	] Income [	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agenc		suant to the agency's policy	
San Marcos Chamber of Commerce 251 NorthCityDr #128,San Marcos,CA 92078	8	Ticket Polic	ket Policy Section III B Category 1		
4. Verification					
I have read and understand FPPC Regulations 1894 with the requirements	4.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	ron Byzak	Ch	ief External Affairs Offi	icer 10/1/19	
Signature of Agericy Head or Delignee	Print Name		Title	(month. day, year)	
Comment:					

## **Ticket Distribution 2019**

Event: SM COC State of the City Address Date: 2/26/19

Individual	Organization	Address/URL	Ticket Amt
Requested Distributi	ion to Non-Profit, City, School		
Distributed to Individ	luals		
1 Leigh Anne Grass	TCMC BOD Chair		60.00
2 Rocky Chavez	TCMC BOD		60.00
3 Julie Nygaard	TCMC BOD		60.00
4 Tracy Younger	TCMC BOD		60.00
5 Celia Garcia	TCMC Brand Strategist		60.00
6 Jessica Shrader	TCMC Event Coordinator		60.00
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