

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

**A Public Document**

<b>1. Agency Name</b> Tri-City Healthcare District		<b>Date Stamp</b>	<b>California Form 802</b>
Division, Department, or Region (if applicable) External Affairs Department		<b>For Official Use Only</b>	
Designated Agency Contact (Name, Title) Aaron Byzak, Chief External Affairs Officer (designee)			
Area Code/Phone Number 760-940-5770	E-mail mcdowells@tcmc.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3) Date of Original Filing: <u>7/25/19</u> <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: SM COC Meet Your Elected Officials    Date(s) 7 / 25 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

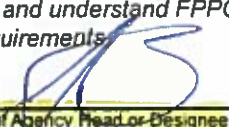
Was ticket distribution made at the behest of agency official?    Yes  No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

**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, COO	3	Ticket Policy Section III B Category 1
<b>B. Name of Individual (Last, First)</b>		
Paroly, Jennifer; Garcia, Celia; Shrader, Jessica	3	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
<b>C. Name of Outside Organization (include address and description)</b>		
San Marcos Chamber of Commerce 251 NorthCityDr #128, San Marcos, CA 92078	6	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: \_\_\_\_\_