

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

**A Public Document**

<b>1. Agency Name</b> Tri-City Healthcare District		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) External Affairs Department			
Designated Agency Contact (Name, Title) Aaron Byzak, Chief External Affairs Officer (designee)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3) Date of Original Filing: <u>3/23/19</u> <small>(month, day, year)</small>	
Area Code/Phone Number 760-940-5770	E-mail mcdowells@tcmc.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 75.00

Event Description: Soroptimist Live Your Dreams Gala    Date(s) 3 / 23 / 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
		Ticket Policy Section III B Category 1
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Paroly, Jennifer; Hunt, Deborah	2	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
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Soroptimist International of Vista P.O. Box 382, Vista, CA 92085-0385	2	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: \_\_\_\_\_