**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Tri-City Healthcare District 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) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 3/2/19 760-940-5770 mcdowells@tcmc.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 225.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: B&G Club Mardi Gras Gala Date(s) 3 / 2 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes No 🛛 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes CEAO** Ticket Policy Section III B Category 1 1 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last First) Passes Ceremonial Role Other Income \_\_\_ See Attached List If checking "Ceremonial Role" or "Other" describe below 4 Ticket Policy Section III B Category 1 Other Ceremonial Role Income 🗀 If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Ticket Policy Section III B Category 1 Boys & Girls Club of Vista 5 410 W California Ave, Vista, CA 92083 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. Chief External Affairs Officer 10/1/19 Aaron Byzak Print Name Title (month, day, year)

Agency Report of:

Comment

## **Ticket Distribution 2019**

Event: Boys & Girls Club of Vista, Mardi Gras Gala Date: 3/2/19

Individual	Organization	Address/URL	Ticket Amt
Requested Distribution	on to Non-Profit, City , School		
			+
			-
Distributed to Individu	uals		
Rocky Chavez	TCMC BOD		
Mary Chavez		- 10 - 10 - 10	
Tracy Younger	TCMC BOD		
Amanda Byzak			
		1	
CC 10 100 CC		N N	
		5	