	ency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Tri-City Healthcare District				Form OUZ	
	Division, Department, or Region (if applicable)				For Official Use Only	
	External Affairs Department					
	Designated Agency Contact (Name Title)			1	1	
	Aaron Byzak, Chief External Affairs Officer (designee)					
	Area Code/Phone Number	E-mail		Amendment (Must Provide Explanation in Part 3)		
	760-940-5770	mcdowells@tcmc.co	om		Date of Original Filing:	1/28/19 (month, day, year)
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 60.00					
	Event Description: Vista CC	nunity D		<u>, 28 , 19</u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Expland by agency? Yes [
		_ 110 E3		Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{lf}	yes:	Official's Name (Last First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit. • '	Use Section B to i	dentify an indivi	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe ti	Describe the public purpose made pursuant to the agency's policy		
	CEAO, General Council,	CEAO, General Council, CCO		Ticket Policy Section III B Category 1		
			Number			
	₽.	(Last, First)		Identify one of the following:		following:
	See Attached List			If ched	Ceremonial Role Other Income If checking Ceremonial Role or Other describe below Ficket Policy Section III B Category 1	
		300			monial Role Other Cocking "Ceremonial Role" or "Other" of	_
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic		ursuant to the agency's policy
	Vista Chamber of Comme 127 Main St, Vista, CA 9		10	Ticket Police	y Section III B Catego	ory 1
4.	Verification I have read and understand F with the requirements	PPC Regulations 18944	1 1 and 18942	I have verified	I that the distribution set	forth above, is in accordanc
	Signature of Agericy Nead or Designature		on Byzak	Cr	nief External Affairs O	fficer 10/1/19 (month, day, year)
	Comment:				2	

Ticket Distribution 2019

Event: Vista COC State of the Community Luncheon Date: 1/28/19

Individual	Organization	Address/URL	Ticket Amt
Requested Distributio	n to Non-Profit, City , School		
Distributed to Individu	als		
Leigh Anne Grass	TCMC BOD Chair		60.00
Julie Nygaard	TCMC BOD		60.00
Larry Schallock	TCMC BOD		60.00
Judy Ritter	Vista Mayor		60.00
Peter Weiss	Oceanside Mayor		60.00
Matt Hall	Carlsbad Mayor		60.00
Rebecca Jones	San Marcos Mayor		60.00
			100