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

1. Agency Name
Tri-City Healthcare District
Division, Department, or Region (if applicable)
External Affairs Department
Designated Agency Contact (Name, Title)
Aaron Byzak, Chief External Affairs Officer (designee)
Area Code/Phone Number 760-940-5770
E-mail mcdowells@tcmc.com

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3)
Date of Original Filing: 12/18/19
(month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $20.00
Event Description: Palomar College Community Showcas
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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEAO, CNE, CMO</td>
<td>3</td>
<td>Ticket Policy Section III B Category 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward, Kandice; Gawrych, Christina; Shrader, Jessica</td>
<td>3</td>
<td>Ceremonial Role ☑ Other ☑ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Ticket Policy Section III B Category 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticket Policy Section III B Category 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 of Designee ________________________________
Print Name ________________
Title ________________
Date 12/18/19 (month, day, year)

Comment: ________________________________