

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

**A Public Document**

<b>1. Agency Name</b> Tri-City Healthcare District		Date Stamp	California Form <b>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>12/18/19</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 \$ 20.00

Event Description: Palomar College Community Showcas Date(s) 12 / 12 / 19  
Provide Title/ Explanation

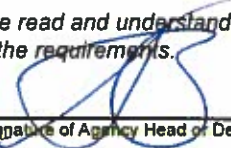
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

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, CNE, CMO	3	Ticket Policy Section III B Category 1
<b>B. Name of Individual (Last, First)</b>		
Ward, Kandice; Gawrych, Christina; Shrader, Jessica	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below. Ticket Policy Section III B Category 1
<b>C. Name of Outside Organization (include address and description)</b>		
		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.


Aaron Byzak
Chief External Affairs Officer
12/18/19  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_