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

**A Public Document** 

1.							
	Agency Name				Date Stamp	California 202	
	University of California, Davis					Form UUL	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi Center for the Performing Arts						
	Designated Agency Contact (Name, Title)						
	Sarah Herrera						
	Area Code/Phone Number   E-mail			Amendment (Must provide explanation in Part 3.)			
	530-754-4435	smherrera@	Ducdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				<u> </u>		
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face \				of Each Ticket/Pass \$ _	58.00	
	Event Description Jane Lynch Date(s) 8				8 15	8 , 8 , 15	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:			☐ If no:	Name of Source		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Roth, of agency official?				Don, Executive Direct	Last, First)	
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ა.	Recipients  • Use Section A to identify the agence	v's department or	· unit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		30	Recognize UC emp	Recognize UC employees for their work		
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow  Other  ital Role" or "Other" describe below:		
	B. Name of Individua (Last, First)	al	Ticket(s)/	If checking "Ceremon	Other I		
	B. Name of Individual (Last, First)  C. Name of Outside Organ (include address and description)	nization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income Income	
4.	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other	Income In	
4.	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other	Income In	