

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

A Public Document

| | | | |
|--|--|--|---|
| 1. Agency Name University of California, Davis Division, Department, or Region <i>(If Applicable)</i> Robert and Margrit Mondavi Center for the Performing Arts Designated Agency Contact <i>(Name, Title)</i> Jessica Miller Area Code/Phone Number E-mail 530-754-4434 jesmiller@ucdavis.edu | | Date Stamp | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>02/02/2016</u> (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 47.00

Event Description Luciana Souza Date(s) 01 / 27 / 16 01 / 30 / 16
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? No Yes If yes: Roth, Don, Executive Director
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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|---|
| Mondavi Center Staff | 12 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

| | | | |
|--|--|---|--|
| _____ <small>Signature of Agency Head or Designee</small> | Don Roth _____ <small>Print Name</small> | Executive Director _____ <small>Title</small> | 02/02/2016 _____ <small>(Month, Day, Year)</small> |
|--|--|---|--|

Comment: Up to 2 tickets per employee

**Agency Report of:
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| | | | |
|---|-----------------------|---|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| University of California, Davis | | | For Official Use Only |
| <i>Division, Department, or Region (If Applicable)</i> | | | |
| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| <i>Designated Agency Contact (Name, Title)</i> | | | |
| Sarah Herrera | | | |
| <i>Area Code/Phone Number</i> | <i>E-mail</i> | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 530-754-4435 | smherrera@ucdavis.edu | Date of Original Filing: 1/21/2016 | |
| | | <i>(Month, Day, Year)</i> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 40.00

Event Description The Orlando Consort Date(s) 1 / 15 / 16 1 / 15 / 16
Provide Title/Explanation

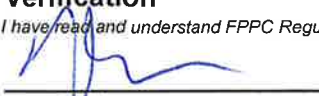
Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Roth, Don, Executive Director
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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| Mondavi Center Volunteer Ushers | 117 | Recognize volunteers for their work |
| | | |
| B. Name of Individual <i>(Last, First)</i> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

| | | | |
|--|-------------------------------|------------------------------------|--|
|  <i>Signature of Agency Head or Designee</i> | Don Roth <i>Print Name</i> | Executive Director <i>Title</i> | 1/21/2016 <i>(Month, Day, Year)</i> |
|--|-------------------------------|------------------------------------|--|

Comment: Up to 2 tickets per volunteer

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| Division, Department, or Region (If Applicable) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>01/12/2016</u> <small>(Month, Day, Year)</small> | |
| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) | | | |
| Jessica Miller | | | |
| Area Code/Phone Number | E-mail | | |
| 530-754-4434 | jesmiller@ucdavis.edu | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 79.00

Event Description Orpheus Chamber Orchesra Date(s) 12 / 02 / 15 12 / 02 / 15
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? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

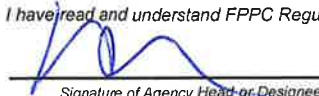
3. Recipients

• 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)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------|--|
| Mondavi Center Staff | 13 | Recognize UC employees for their work |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.


Don Roth
Executive Director
10/22/2015
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: Up to 2 tickets per employee

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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|--|---------------------------------|--|---|
| 1. Agency Name University of California, Davis | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) Jessica Miller | | | |
| Area Code/Phone Number 530-754-4434 | E-mail jesmiller@ucdavis.edu | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 01/12/2016 <small>(Month, Day, Year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 47.00

Event Description Matt Wilson Tree-O Date(s) 12 / 02 / 15 12 / 05 / 15
Provide Title/Explanation

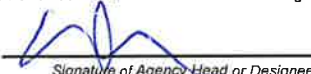
Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Roth, Don, Executive Director
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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| Mondavi Center Staff | 23 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
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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.

| | | | |
|--|---------------------------------------|--|---|
|  <small>Signature of Agency Head or Designee</small> | Don Roth <small>Print Name</small> | Executive Director <small>Title</small> | 10/22/2015 <small>(Month, Day, Year)</small> |
|--|---------------------------------------|--|---|

Comment: Up to 2 tickets per employee

FPPC Form 802 (4/12)
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| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) | | | |
| Jessica Miller | | | |
| Area Code/Phone Number | E-mail | | |
| 530-754-4434 | jesmiller@ucdavis.edu | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 51.00

Event Description Vince Gilligan Date(s) 12 / 10 / 15 12 / 10 / 15
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? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

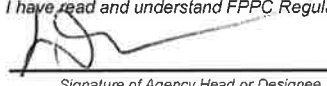
3. Recipients

• 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)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|-------------------------------|--|
| Mondavi Center Staff | 39 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

 Don Roth Executive Director 10/22/2015
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Up to 2 tickets per employee

**Agency Report of:
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| Division, Department, or Region <i>(If Applicable)</i> | | | |
| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Jessica Miller | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> | |
| 530-754-4434 | jesmiller@ucdavis.edu | Date of Original Filing: <u>01/12/2016</u> <i>(Month, Day, Year)</i> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 40.00

Event Description Reduced Shakespeare Date(s) 12 / 12 / 15 12 / 12 / 15
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? No Yes If yes: Roth, Don, Executive Director
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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| Mondavi Center Staff | 24 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Don Roth | Executive Director | 10/22/2015 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Up to 2 tickets per employee

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) | | | |
| Jessica Miller | | | |
| Area Code/Phone Number | E-mail | | |
| 530-754-4434 | jesmiller@ucdavis.edu | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 51.00

Event Description American Bach Soloist Date(s) 12 / 13 / 15 12 / 13 / 15
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? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

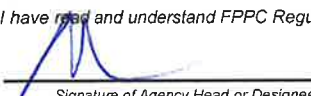
3. Recipients

• 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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| Mondavi Center Staff | 13 | Recognize UC employees for their work |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/Pass(es) | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | | |
| | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |

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.

| | | | |
|---|---------------------------|---------------------------|-----------------------------------|
|  | <u>Don Roth</u> | <u>Executive Director</u> | <u>10/22/2015</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Up to 2 tickets per employee

**Agency Report of:
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| | | | |
|---|-----------------------|---|--|
| 1. Agency Name | | Date Stamp | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">California Form 802</div> For Official Use Only |
| University of California, Davis | | | |
| Division, Department, or Region <i>(If Applicable)</i> | | | |
| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>01/12/2016</u> <small><i>(Month, Day, Year)</i></small> | |
| Jessica Miller | | | |
| Area Code/Phone Number | E-mail | | |
| 530-754-4434 | jesmiller@ucdavis.edu | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 75.00

Event Description Alexander String Quartet Date(s) 01 / 10 / 16 01 / 10 / 16
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? No Yes If yes: Roth, Don, Executive Director
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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|---|
| Mondavi Center Staff | 4 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small><i>(Last, First)</i></small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | |
| C. Name of Outside Organization <small><i>(include address and description)</i></small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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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.

| | | | |
|--|----------------------------------|-----------------------------|--|
| | Don Roth | Executive Director | 10/22/2015 |
| <small><i>Signature of Agency Head or Designee</i></small> | <small><i>Print Name</i></small> | <small><i>Title</i></small> | <small><i>(Month, Day, Year)</i></small> |

Comment: Up to 2 tickets per employee

**Agency Report of:
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| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) | | | |
| Sarah Herrera | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number | E-mail | Date of Original Filing: 01/21/2016 | |
| 530-754-4435 | smherrera@ucdavis.edu | (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 32.00

Event Description The Okee Dokee Brothers Date(s) 01 / 10 / 16 01 / 10 / 16
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? No Yes If yes: Roth, Don, Executive Director
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)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------|--|
| Mondavi Center Staff | 14 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Don Roth | Executive Director | 01/21/2016 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Up to 2 tickets per employee

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| Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) | | | |
| Sarah Herrera | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number | E-mail | Date of Original Filing: <u>01/21/2016</u> | |
| 530-754-4435 | smherrera@ucdavis.edu | <small>(Month, Day, Year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 40.00

Event Description The Orlando Consort Date(s) 01 / 15 / 16 01 / 15 / 16
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? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

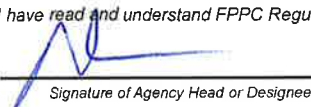
3. Recipients

• 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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| Mondavi Center Staff | 8 | Recognize UC employees for their work |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Don Roth | Executive Director | 01/21/2016 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Up to 2 tickets per employee

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

A Public Document

| | | | |
|--|---------------------------------|---|---|
| 1. Agency Name University of California, Davis | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts | | | |
| Designated Agency Contact (Name, Title) Sarah Herrera | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>01/21/2016</u> (Month, Day, Year) | |
| Area Code/Phone Number 530-754-4435 | E-mail smherrera@ucdavis.edu | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 51.00

Event Description Company Wayne McGregor Date(s) 01 / 20 / 16 01 / 20 / 16
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? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

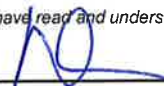
3. Recipients

• 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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| Mondavi Center Staff | 30 | Recognize UC employees for their work |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/Pass(es) | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | | |
| | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |

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.

| | | | |
|---|---------------------------|---------------------------|-----------------------------------|
|  | <u>Don Roth</u> | <u>Executive Director</u> | <u>01/21/2016</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Up to 2 tickets per employee