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

. Agency Name					
			Date Stamp	California 802	
University of California, Davis		Form For Official Use Only			
Division, Department, or Region (If Applicab	on, Department, or Region (If Applicable)				
Robert and Margrit Mondavi Center for t					
Designated Agency Contact (Name, Title)	c				
Rebekah Laibson			Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail			Date of Original Filing: $\frac{06/04/2018}{(Month, Day, Year)}$		
530-754-4434 rilaibson@	ucdavis.edu				
. Function or Event Information			h.	50.00	
Does the agency have a ticket policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$50.00		
Event Description YAC Package Provide Title/Ex	planation	Date(s)	27 , 18	04 / 29 / 18	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[☐ If no:	Name of S	Source	
Was ticket distribution made at the behest	No ☐ Yes [Roth,	Don, Executive Dire		
of agency official?	No L Yes [If yes:	Official's Name	(Last, First)	
8. Recipients				i i i i i i i i i i i i i i i i i i i	
Use Section A to identify the agency's department of the section is department of the section.	or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy	
Mondavi Center Staff	1	Recognize UC employees for their work			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo	Income	
B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremon	Other Dial Role" or "Other" describe below	income Income	
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income Income	
(Last, First) C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other or "Other" describe below Other Other Other	Income Income	
(Last, First) C. Name of Outside Organization	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	Other	Income Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul erified that the distribution set	Other	Income In	

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Ceremonial Role Events and Ticket/Pass Distributions

١.	Agency Name		Date Stamp	California 802		
	University of California, Davis			Form For Official Use Only		
	Division, Department, or Region	n (If Applicable		<i>'</i>		
	Robert and Margrit Mondavi (Designated Agency Contact (N					
	E 1/2	rame, mue)				
	Rebekah Laibson	E-mail			☐ Amendment (Must provide explanation in Part 3.)	
	Allege Street Allege Street St	odavic odu		Date of Original Filing: 06/04/2018		
_		rilaibson@u	Date of original raining.	(Month, Day, Year)		
	Function or Event Inform		. f. Г I. Т I AID ф	49.00		
	Does the agency have a ticket		of Each Ticket/Pass \$ =			
	Event Description Terence Bla	anchard Provide Title/Exp	1 , 20 , 18	04		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of S	ource
	Was ticket distribution made at	the behest	No ☐ Yes	⊠ If ves. Roth,	Don, Executive Direct	otor
	of agency official?		100 103	△ 11 yes	Official's Name	(Last, First)
3.	Recipients					— — м
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff 6			Recognize UC emp	oloyees for their work	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:	
			Pass(es)	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income :
					Other Inial Role" or "Other" describe below	Income :
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuai	nt to the agency's policy
	1				10	
4.	Verification					
	I have read and understand FPPC Regula	ations 18944.1 ar	forth above, is in accordance v	with the requirements.		
			Don Ro	ath	Executive Director	06/04/2018

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1.	Agency Name				Date Stamp	California 802		
	University of California, Dav			For Official Use Only				
	Division, Department, or Regi	on (If Applicable		1 of Official Ose Offig				
	Robert and Margrit Mondavi	Center for th	e Performing	Arts				
	Designated Agency Contact (Name, Title)	ř					
	Rebekah Laibson				C Amountment (14)	iddisisisisisisisis		
	Area Code/Phone Number			Amendment (Must	provide explanation in Part 3.) 06/04/2018			
	530-754-4434	rilaibson@u	cdavis.edu		Date of Original Filing	(Month, Day, Year)		
2.	2. Function or Event Information							
	Does the agency have a ticke	t policy?	Yes 🗵 No		of Each Ticket/Pass \$ =	45.00		
	Event Description JD Vance		Date(s)		4 , 11 , 18 04 , 11 , 18			
	Event Becomplien	Provide Title/Exp	lanation	Duis(0)		1,0		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of S	Source		
	M/on tiplest distribution mode o	t the beheat		Roth				
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: 110th	, Don, Executive Director Official's Name (Last, First)			
3.								
э.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme			olic purpose made pursuai				
	, time of rigoros, popular		Ticket(s)/ Pass(es)		as Salamana ma			
	Mondavi Center Staff		11	Recognize UC em	oloyees for their work			
			Number of			-		
	B. Name of Individual (Lest, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
				Ceremonial Role	Other	Income		
				If checking "Ceremor	nial Role" or "Other" describe below	r.		
				Ceremonial Role	Other	Income		
					nial Role" or "Other" describe below			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy		
	(morage address and doc		Pass(es)					
_								
4.	Verification I have read and understand FPPC Regu	ulations 18044 1 an	id 18042 I havo v	arified that the distribution set	forth above is in accordance	with the requirements		
	That reput of a universitation FFFC Regu	nadona roattirali						
	Signature of Agency Head or Designer		Don Ro		Executive Director	(Month, Day, Year)		
			, mic real	·· ·		(
	Comment: Up to 2 tickets per employee							
						EDDC Enum 202 (4/42)		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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١.	Agency Name		Date Stamp	California 802			
	University of California, Davi	S		Form 602			
	Division, Department, or Regi	on (If Applicab		For Official Use Only			
	Robert and Margrit Mondavi	Center for t					
	Designated Agency Contact (
	Rebekah Laibson						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	530-754-4434		ucdavis.edu		Date of Original Filing: $\frac{06/04/2018}{(Month, Day, Year)}$		
2.	Function or Event Inforr	nation					
	Does the agency have a ticket		of Each Ticket/Pass \$ _	49.00			
	The O'Con	nor Band	13 , 18	04 , 13 , 18			
	Event Description	Provide Title/Ex					
	Ticket(s)/Pass(es) provided by	agency?					
	*		Yes 🗵 No	_	Name of S		
	Was ticket distribution made a	t the behest	No 🗌 Yes	☑ If yes: Roth	Don, Executive Direc	ctor	
	of agency official?				Official's Name	(Last, First)	
3.	Recipients			ar a Barata and a decident			
	Use Section A to identify the agency		Number of	11000			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	t to the agency's policy	
	Mondavi Center Staff 24		24	Recognize UC employees for their work			
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the follow	vina:	
	B. Name of Individua	day a sala	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
	B. Name of Individua	l mortes de la constante de la	Ticket(s)/	Ceremonial Role If checking "Ceremo	Identify one of the follow Other inial Role" or "Other" describe below	Income [
	B. Name of Individua (Last, First)	1	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other nial Role" or "Other" describe below	Income [
	C. Name of Outside Organ (include address and des	ization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other or "Other" describe below	Income I	
	(Lasi, First) Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below Other Other nial Role" or "Other" describe below	Income I	
4.	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other	Income In	
4.	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other	Income In	

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1.	Agency Name				Date Stamp	California 802				
	University of California, Davi			Form For Official Use Only						
	Division, Department, or Regi	on (If Applicable)							
	Robert and Margrit Mondavi Designated Agency Contact (
	Rebekah Laibson				Amendment (Must provide explanation in Part 3.)					
Area Code/Phone Number E-mail					06/04/2018					
530-754-4434 rilaibson@ud			cdavis.edu		Date of Original Filing: (Month, Day, Year)					
2.	Function or Event Inform	mation			to -	30.00				
	Does the agency have a ticker	t policy?	Yes⊠ No	_	of Each Ticket/Pass \$_	30.00				
	Event Description Merima Klj	uco & Mirosla Provide Title/Expl		Date(s)04	, 06 , 18	04 , 07 , 18				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	If no:						
	Man tinket distribution made a	st the beheat		Roth	Don, Executive Direc					
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	☑ If yes: Koth	Official's Name	(Last, First)				
~										
J.	•	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, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
Mondavi Center Staff B. Name of Individual (Last, First)			3	Recognize UC employees for their work						
			Number of Ticket(s)/ Pass(es)	Her - C	Identify one of the follow	ving:				
			rass(es)	Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below.	Income 🔲				
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income 🗆				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy				
	(je-									
4.	Verification Theye read and understand FPPC Regu	ulations 18944.1 and	forth above, is in accordance v	with the requirements.						
	NU		Don Ro		Executive Director	06/04/2018				
	Signature of Agency Head or Designee	9	Print Nan		Title	(Month, Day, Year)				
	Un to 2 tickets no	er employee			281					