1.	Agency Name		Date Stamp	California Q02		
	University of California, Davis					Form OUZ
	Division, Department, or Region	n (If Applicable,		For Official Use Only		
	Robert and Margrit Mondavi C	Center for the	e Performing	a Arts	4.0	2
	Designated Agency Contact (Na		,			
	Jessica Turner		Amendment (Must pro	nuido evalenation in Red 2 \		
	Area Code/Phone Number   E	-mail			1 —	· · ·
	530-754-4434 j	lturner@ucd	avis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation			<i>1</i> 1	45.00
	Does the agency have a ticket p	Ť	Yes 🗵 No	—	of Each Ticket/Pass \$	45.00
	Event Description Mucca Pazz	a Provide Title/Expla	, 01 , 17	04 , 01 , 17		
	Ticket(s)/Pass(es) provided by a	agency?	☐ If no:	Name of Sou	rce	
	Was ticket distribution made at t	the behest	Don, Executive Direct	or		
	of agency official?		No ☐ Yes	□ II yes	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's	department or u	ınit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy 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		to the agency's policy
	Mondavi Center Staff		14	Recognize UC employees for their work		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Other Identify on "Other" describe below:	Income
				Ceremonial Role  If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
4.	Verification I have goad and understand FPPC Regulate	ions 18944 1 and	18042   have us	arified that the distribution set t	forth ahove is in accordance with	h the requirements
	A and and and and an arrangement	10044 I allu	Don Ro		Executive Director	04/18/2017
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
						,,
	Comment: Up to 2 tickets per	employee				

1.	Agency Name		Date Stamp	California 802		
	University of California, Davis	S		Form OUZ		
	Division, Department, or Region	on (If Applicable	1	For Official Use Only		
	Robert and Margrit Mondavi	Center for the	e Performing	g Arts		
	Designated Agency Contact (A	lame,Title)			1	
	Jessica Turner					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	530-754-4434	jlturner@ucc	davis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inforn	nation				45.00
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	45.00
	Event Description Mucca Paz	za Provide Title/Expl	1 , 01 , 17	04 , 01 , 17		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of So	purce
	Was ticket distribution made at	the behest	Don, Executive Direct	ctor		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Koth, of agency official?				Official's Name	Last, First)
<del>-</del> 3.	Recipients					· · · · · · · · · · · · · · · · · · ·
	Use Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to ider	tify 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		110	Recognize volunte	ers for their work	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			, addices	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	<del> </del>			Ceremonial Role If checking "Ceremon	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 pursuar	it to the agency's policy
			1	I		
				<i>y</i>	K	
4.	Verification I have read and understand FPPC Regula	alions 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in àccordance w	vith the requirements.
<del>-</del> 1.		ations 18944.1 and	d 18942. I have ve		forth above, is in accordance w Executive Director	vith the requirements. 04/18/2017

	Agency Name University of California, Davis				Date Stamp	California 802
						Form For Official Use Only
	Division, Department, or Regi	on (If Applicabl				
	Robert and Margrit Mondavi		ne Performing	Arts		
	Designated Agency Contact (	Name,Title)				
	Jessica Turner				Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	04/18/2018
	530-754-4434	jlturner@uc	davis.edu		Date of Original Filling.	(Month, Day, Year)
	Function or Event Inform					45.00
	Does the agency have a ticket		of Each Ticket/Pass \$			
	Event Description Aziza: Holl	and, Peter, E	4 , 05 , 17	04 , 05 , 17		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[	] If no:	Name of So	NI PORTO
		4 46 - 6 - 6 - 4				
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Roth of agency official?				Don, Executive Direct Official's Name (	Last, First)
_						
	Recipients  • Use Section A to identify the agency	r's department o	runit. • Use Sec	tion B to identify an individ	ual. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan		
	Mondavi Center Staff 15		Recognize UC employees for their work			
9	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow  Other  inial Role" or "Other" describe below:	/ing:
5		1	Ticket(s)/	If checking "Ceremon	Other Inial Role" or "Other" describe below:	
		ization	Ticket(s)/	If checking *Ceremon  Ceremonial Role  If checking *Ceremon	Other Inial Role" or "Other" describe below:	Income Income
	(Last, First)  Name of Outside Organ	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon  Ceremonial Role  If checking "Ceremon  Describe the pul	Other	Income Income to the agency's policy
1.	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremon  Ceremonial Role If checking *Ceremon  Describe the pul	Other	Income Income to the agency's policy

1.	Agency Name		Date Stamp California 802			
	University of California, Davis					Form For Official Use Only
	Division, Department, or Region	on (If Applicabl		, or omeian cos ciny		
	Robert and Margrit Mondavi		ne Performing	ı Arts		
	Designated Agency Contact (A	lame,Title)				
	Jessica Turner				Amendment (Musta	provide explanation in Part 3.)
		E-mail			-	04/48/2018
	530-754-4434	jlturner@uc	davis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				45.00
	Does the agency have a ticket	policy?	of Each Ticket/Pass \$			
	Event Description Aziza: Holla	and, Peter, E Provide Title/Exp	4 , 05 , 17	04 , 05 , 17		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of So	
	Was ticket distribution made at of agency official?	the behest	Don, Executive Direct	(Last, First)		
_						
3.	Recipients  • Use Section A to identify the agency	's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	
	Mondavi Center Volunteer Ushers		110	Recognize volunteers for their work		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow  Other  Inial Role" or "Other" describe below:	Income
	r	×		Ceremonial Role If checking "Ceremon	Other Dial 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 pursuan	it to the agency's policy
<del></del>	Verification					
	I have read and understand FPPC Regula	ations 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	Don Roth			ath	Executive Director	04/18/2017
	Signature of Agency Head or Designee		DOTTING		Title	(Month, Day, Year)

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	University of California, Davis					Form For Official Use Only
	Division, Department, or Region (If Applicable)					Pol Official Use Offiy
	Robert and Margrit Mondavi (	Center for the	Performing	y Arts		
	Designated Agency Contact (N	lame,Title)				1
	Jessica Turner				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing	
	530-754-4434	jlturner@ucda	avis.edu		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform					75.00
	Does the agency have a ticket		Yes 🗵 No	<b>□</b>	of Each Ticket/Pass \$ .	
	Event Description Michael Fab	oiano Provide Title/Expla	nation	Date(s)04	, 06 , 17	04 , 06 , 17
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No∣	☐ If no:	Name of S	Paura
		0				
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Rotn, of agency official?				Don, Executive Dire	(Last, First)
_						
3.	Recipients  • Use Section A to identify the agency?	s department or u	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ide	entify 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		nt to the agency's policy
	Mondavi Center Staff		15	Recognize UC employees for their work		
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremon	Identify one of the folio	Income
	19			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income
	Name of Outside Organic (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	ant to the agency's policy
4.						
	I have lead and understand FPPC Regula	ations 18944.1 and				
	1th		Don Ro		Executive Director	
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
	Comment: Up to 2 tickets per	r employee				

. Agency Name			Date Stamp	California Ono
University of California, Davis		Form OUZ		
Division, Department, or Region (If Applicable,		For Official Use Only		
A STANDARD OF THE PROPERTY OF THE STANDARD OF				
Robert and Margrit Mondavi Center for the Designated Agency Contact (Name, Title)				
Secretary Secret				
Jessica Turner	Amendment (Must p	provide explanation in Part 3.)		
Area Code/Phone Number E-mail	المام مطال		Date of Original Filing:	04/18/2018
530-754-4434 jlturner@ucd	avis.edu			(Month, Day, Year)
2. Function or Event Information				
	Yes ⊠ No		of Each Ticket/Pass \$ _	
Event Description Sound Maze		Date(s)	, 07 , 17	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	Name of So	ource
Was ticket distribution made at the behest	ISI If you. Roth,	Don, Executive Direc	otor	
of agency official?	No ☐ Yes	ii yes	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or to	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
Mondavi Center Staff	5	Recognize UC employees for their work		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow  Other  Other  inial Role" or "Other" describe below:	Income [
		Ceremonial Role  If checking "Ceremor	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 put	olic purpose made pursuan	nt to the agency's policy
1. Verification  I have lead and understand FPPC Regulations 18944.1 and	1 18942. I have v	erified that the distribution set		
ML	Don Ro	oth	Executive Director	04/18/2017
Signature of Agency Head or Designee  Comment: Up to 2 tickets per employee	Print Nan	ne	Title	(Month, Day, Year)

_					7	THE WAY HOUSE FE
1.	Agency Name				Date Stamp	California 802
	University of California, Davis					Form For Official Use Only
	Division, Department, or Region (If Applicable)					Tot Official Ose Offiy
	Robert and Margrit Mondavi	i Center for th	ne Performing	Arts		
	Designated Agency Contact				-	
	Jessica Turner					
	Area Code/Phone Number   E-mail				Amendment (Must p	provide explanation in Part 3,)
	530-754-4434	jlturner@uc	davis edu		Date of Original Filing:	04/18/2018
_	Function or Event Information				(Month, Day, Year)	
۷.	Does the agency have a ticke		V <b>V V</b> -	□ Face Value o	of Each Ticket/Pass \$ _	25.00
	• •		Yes 🛛 No [	_		
	Event Description Amitav Ghosh  Provide Title/Explanation  Date(s)				12 , 17	04 , 12 , 17
		nanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No [	☐ If no:	Name of So	ource
	Was ticket distribution made a	No 🗆 Voc l	Roth,	Don, Executive Direc	etor	
	Was ticket distribution made at the behest No ☐ Yes ☒ of agency official?			△ II yes	Official's Name (	(Last, First)
2	Recipients					
٠.	Use Section A to identify the agence	y's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
	Mondavi Center Staff			Recognize UC employees for their work		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	dna
	(Lest, First)		Pass(es)		identity one of the follow	ang.
				Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲
	=			Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	nt to the agency's policy
4	Verification					
	I have read and understand FPPC Regu	ılations 18944,1 ar	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
	Nen		Don Ro	th	Executive Director	04/18/2017
	Signature of Agency Head or Designee	-	Print Nam		Title	(Month, Day, Year)
	Up to 2 tickets pe	er emplovee				
	Comment. Op to 2 tickets pr	o. omployed				

1.	Agency Name		Date Stamp	California 802		
	University of California, Davis					Form For Official Use Only
	Division, Department, or Regi	on (If Applicable				
	Robert and Margrit Mondavi		e Performing	g Arts		
	Designated Agency Contact (	Name,Title)				
	Jessica Turner				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	12 9		Date of Original Filing:	04/18/2018
_	530-754-4434	jlturner@ucc	avis.edu		Dute of original rining.	(Month, Day, Year)
2.	Function or Event Information		V 🖼 N	□ Face Value o	of Each Ticket/Pass \$	25.00
	Does the agency have a ticker	-	Yes 🗵 No	_		
	Event Description Prahlad Si	Provide Title/Expl	anation	Date(s)	, 13 , 17	04 , 13 , 17
	Ticket(s)/Pass(es) provided by	Yes⊠ No	☐ If no:	Name of Sou	rca	
	Was ticket distribution made at the behest No ☐ Yes ☒ If				Don, Executive Direct	
	of agency official?	it the penest	No ∐ Yes	If yes:	Official's Name (L	ast, First)
<u> </u>	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to identi	fy 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		to the agency's policy
	Mondavi Center Staff 1		1	Recognize UC employees for their work		
	B. Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremon	Identify one of the following Other Dial Role" or "Other" describe below:	ng:	
	5			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
<del></del> 4.	Verification I have read and understand FPPC Regu	lations 18944.1 and	ป 18942. I have ve	erified that the distribution set	forth above, is in accordance wit.	h the requirements
	An		Don Ro	oth	Executive Director	04/18/2017
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
	Up to 2 tickets pe	er employee			18	
	Comment: Op to 2 tickets pe					

Area Code/Phone Number       E-mail         530-754-4434       jlturner@ucdavis.edu         2. Function or Event Information         Does the agency have a ticket policy?       Yes ☒ No ☒         Face Value of Each Event Description       Arlo Guthrie         Provide Title/Explanation       Date(s)	Date Stamp  California 802  For Official Use Only		
Division, Department, or Region (If Applicable)  Robert and Margrit Mondavi Center for the Performing Arts  Designated Agency Contact (Name, Titte)  Jessica Turner  Area Code/Phone Number   E-mail	For Official Use Only		
Robert and Margrit Mondavi Center for the Performing Arts  Designated Agency Contact (Name, Title)  Jessica Turner  Area Code/Phone Number   E-mail	, s, sindial obs only		
Designated Agency Contact (Name, Title)  Jessica Turner  Area Code/Phone Number   E-mail			
Jessica Turner  Area Code/Phone Number   E-mail			
Area Code/Phone Number   E-mail			
Date   Date	Amendment (Must provide explanation in Part 3.)		
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Event Description Arlo Guthrie  Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest No Yes No If yes:  Roth, Don. of agency official?	of Original Filing: 04/18/2018		
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Event Description Arlo Guthrie Date(s) 04 / ☐ Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	(Month, Day, Year)		
Event Description Arlo Guthrie  Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest No Yes If yes: Roth, Don of agency official?	65.00		
Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:  Was ticket distribution made at the behest No ☐ Yes ☒ If yes:Roth, Don. of agency official?	h Ticket/Pass \$65.00		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Roth, Don. of agency official?	15 , 17 04 , 15 , 17		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Roth, Don. of agency official?	Name of Source		
of agency official?			
	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.		
Alcohor &	pose made pursuant to the agency's policy		
	Recognize UC employees for their work		
B. Name of Individual  (Last, First)  Number of Ticket(s)/ Pass(es)  Ceremonial Role  If checking "Ceremonial Role	tify one of the following:  Other  Income  Inc		
Ceremonial Role If checking "Ceremonial Role	Other		
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public pu	rpose 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 all			
Don Roth Ex	ove, is in accordance with the requirements.		
Signature of Agency Head or Designee Print Name	ove, is in accordance with the requirements.		
Comment: Up to 2 tickets per employee			

Agency Name     University of California, Davis	Date Stamp California 802				
Division, Department, or Region (If App.	For Official Use Only				
	Robert and Margrit Mondavi Center for the Performing Arts  Designated Agency Contact (Name, Title)				
Rebekah Laibson					
Area Code/Phone Number E-mail rilaibson	n@ucdavis.edu	Date of Original Filing: $\frac{04/18/2018}{(\textit{Month, Day, Year})}$			
2. Function or Event Information		40.00			
Does the agency have a ticket policy?	Yes⊠ No[				
Event Description LA Theatre Works  Provide Tit	le/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agency	? Yes⊠ No[	Name of Source			
Was ticket distribution made at the beh	est No 🗌 Yes 🛭	If yes: Roth, Don, Executive Director  Official's Name (Last, First)			
of agency official?		Official's Name (Last, First)			
3. Recipients					
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 7		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  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
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	44				
I have read and understand FPPC Regulations 1894	1.1 and 18942. I have ver Don Rot	ified that the distribution set forth above, is in accordance with the requirements.  Executive Director 06/06/17			
Signature of Agency Head or Designee	Print Name	Tille (Month, Day, Year)			
Comment: Up to 2 tickets per employ	ee e				

1. Agency Name	Date Stamp California 80			
University of California, Davis				Form For Official Use Only
Division, Department, or Region (If Applica		1 of Official Ose Offiy		
Robert and Margrit Mondavi Center for	the Performing	Arts		
Designated Agency Contact (Name, Title)				
Rebekah Laibson			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			-	06/06/2017
530-754-4448 rilaibson@	)ucdavis.edu		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				49.00
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _			
Event Description LA Theatre Works  Provide Title/E	, 18 , 17	04 , 18 , 17		
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[	☐ If no:	Name of So	ource
Was ticket distribution made at the behest	Don, Executive Direc			
of agency official?	No ☐ Yes [	⊠ If yes: <u> </u>	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individu	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 pursuan	it to the agency's policy
Mondavi Center Volunteer Ushers		Recognize volunte	Recognize volunteers for their work	
B. Name of Individual	Number of Ticket(s)/	ž	Identify one of the follow	ving:
(Last, 1 Pay)	Pass(es)		Other Inial Role" or "Other" describe below.	Income 🗖
			Other Initial Role" or "Other" describe below	Income :
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1				3
	Don Ro		Executive Director	06/06/17 (Month, Day, Year)
Up to 2 tickets per volunteer	Print Nam -		TRIO	(Month, Day, Teal)

1.	Agency Name		Date Stamp	California 802			
	University of California, Davi	s		Form OUZ			
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Robert and Margrit Mondavi	Center for th	e Performing	ı Arts			
	Designated Agency Contact (			,			
	Rebekah Laibson				_	1, -	
	Area Code/Phone Number	E-mail			. L Amendment (Must p	provide explanation in Part 3.)	
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filing:	06/06/17 (Month, Day, Year)	
<u>-</u> 2.	Function or Event Inform	nation			J		
	Does the agency have a ticket	policy?	of Each Ticket/Pass \$ _	75.00			
	Event Description Alexander	String Quarte	23 , 17	04 , 23 , 17			
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	agency?	Name of So				
	N/as tisket distribution made at the hebest						
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Representation of agency official?			If yes: Kotti,	Don, Executive Direc	(Last. First)	
_							
3.	Recipients  • Use Section A to identify the agency	's denartment or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy		
	Mondavi Center Staff		_	Recognize UC emp	oloyees for their work		
			5				
				V			
		5					
	B. Name of Individual Number Ticket(s				Identify one of the follow	ving:	
	(Last, 1 as)		Pass(es)	0 1101	□ ou□		
				Ceremonial Role  If checking "Ceremon	│	income [	
			34	Ceremonial Role	_	Income	
				ir checking "Ceremon	nial Role" or "Other" describe below.		
	C Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy	
	1						
4.	Verification		1				
	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance v	vith the requirements.	
	1		Don Ro	oth	Executive Director	06/06/17	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)	
	Comment. Up to 2 tickets pe	r employee					
	Comment: Op to 2 tickets pe	. Shiployee					

115					Date Stamp	California 802	
Ol	University of California, Davis					Form For Official Use Only	
Div	Division, Department, or Region (If Applicable)					To Official Osc Offiy	
Ro	Robert and Margrit Mondavi Center for the Performing Arts						
De	Designated Agency Contact (Name, Title)						
Re	ebekah Laibson				Amendment (Must provide explanation in Part 3.)		
	ea Code/Phone Number	E-mail			Date of Original Filing: 06/06/2017 (Month, Day, Year)		
	0-754-4448	rilaibson@เ	ucdavis.edu		Date of Original Filings	(Month, Day, Year)	
	inction or Event Inforr					45.00	
	Does the agency have a ticket policy? Yes ☒ No ☐				of Each Ticket/Pass \$ _		
Eve	Event Description National Geographic: Jodi Cobb Date(s) Date(s)				26 , 17	04 , 26 , 17	
Tic	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No [			☐ If no:	Name of S	ource	
\ <i>\\ </i> =	Was ticket distribution made at the behest No□ Yes ☑ If yes. R			Roth,	h, Don, Executive Director		
	Was ticket distribution made at the behest No ☐ Yes ☐ Yes ☐ of agency official?			Official's Name (Last, First)			
3 R	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	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	e public purpose made pursuant to the agency's policy		
M	Mondavi Center Volunteer Ushers		68	Recognize volunte	Recognize volunteers for their work		
В.	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
				• • • • • • • • • • • • • • • • • • • •	Other Inial Role" or "Other" describe below	Income :	
:					Other Initial Role" or "Other" describe below	Income :	
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy	
-							
	erification overgad And understand FPPC Regu	lations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
potentic	1/10		Don Ro		Executive Director		
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)	

1.	Agency Name				Date Stamp California Form Form		
	University of California, Davis  Division, Department, or Region (If Applicable)					For Official Use Only	
	A problem produced in the Contract of the Cont						
	Robert and Margrit Mondavi Center for the Performing Arts  Designated Agency Contact (Name, Title)						
	Rebekah Laibson						
	Area Code/Phone Number   E-mail				1 <del>-</del>	rovide explanation in Part 3.)	
	530-754-4448 rilaibson@ucdavis.edu				Date of Original Filing: 06/06/17 (Month, Day, Year)		
2.	Function or Event Inform	nation				45.00	
	. , 160 🗗 110 🗀				of Each Ticket/Pass \$ _	<del></del>	
	Provide Title/Explanation				1 , 26 , 17	04 , 26 , 17	
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No [			If no:	Name of So	urce	
					Don, Executive Director		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: ☐ of agency official?			XI 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)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Staff		18	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ring:	
			Pass(es)	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
		19		Ceremonial Role If checking "Ceremon	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 pursuan	t to the agency's policy	
	<u>a</u>						
					Y .	/	
	Verification						
	I have read and understand FPPC Regulations 18944.1 and 18942. I have ver Don Rot				forth above, is in accordance w Executive Director	ith the requirements. 06/06/17	
	Signature of Agency Head or Designee Print Name						

A Pub	lic	Doci	ument
-------	-----	------	-------

1. Agency Name	Date Stamp California 802						
University of California, Davis			Form For Official Use Only				
Division, Department, or Region (If Applicate		For Official Ose Offiy					
Robert and Margrit Mondavi Center for t	Robert and Margrit Mondavi Center for the Performing Arts						
Designated Agency Contact (Name, Title)							
Rebekah Laibson	Rebekah Laibson						
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)				
530-754-4448 rilaibson@		Date of Original Filing: 00/12/2017 (Month, Day, Year)					
2. Function or Event Information				47.00			
Does the agency have a ticket policy?	Yes 🛛 No	_	of Each Ticket/Pass \$ _	47.00			
Event Description Etienne Charles  Provide Title/Ex	Date(s)	, 26 , 17	04 , 29 , 17				
Ticket(s)/Pass(es) provided by agency?	☐ If no:	If no:					
Was ticket distribution made at the behest	If yes: Roth, Don, Executive Director						
of agency official?		_	Official's Name	(Last, First)			
3. Recipients							
Use Section A to identify the agency's department of	• 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 pub	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	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below.	Income .:			
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below.	Income .:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy			
		П					
I. Verification							
I have read and inderstand FPPC Regulations 18944.1 a	and 18942. I have ve Don Ro		forth above, is in accordance v Executive Director	vith the requirements 06/12/17			
Ignature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)			
Comment: Up to 2 tickets per employee							

1.	Agency Name			Date Stamp	California 202		
	University of California, Davis		Form OUZ				
	Division, Department, or Region (If Applicable	e)			For Official Use Only		
	Robert and Margrit Mondavi Center for the	ne Performing	Arts				
	Designated Agency Contact (Name, Title)						
	Rebekah Laibson						
	Area Code/Phone Number   E-mail			Amendment (Must provide explanation in Part 3.)			
	530-754-4448 rilaibson@u	ıcdavis.edu		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information			ht ==	40.00		
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	49.00				
	Event Description ODC Dance  Provide Title/Exp	29 , 17	04 , 29 , 17				
	Ticket(s)/Pass(es) provided by agency?	☐ If no:	Name of So	purce			
	Was ticket distribution made at the behest	Don, Executive Direc	ctor				
	of agency official?	No ☐ 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) Pass(es		Describe the pub	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff 25		Recognize UC employees for their work				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:		
		Pass(es)		Other inial Role" or "Other" describe below:	fncome		
			Ceremonial Role If checking "Ceremor	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 put	olic purpose made pursuan	t to the agency's policy		
4.	Verification						
	I have read and understand FPPC Regulations 18944.1 and						
		Don Ro		Executive Director	06/12/17		
	Signature of Agency Head or Designee	Print Nam	ne e	Title	(Month, Day, Year)		
	Comment: Up to 2 tickets per employee						