

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

A Public Document

1. Agency Name University of California, Davis Division, Department, or Region (if applicable) Robert and Margrit Mondavi Center for the Performing Arts Street Address One Shields Avenue Designated Agency Contact (Name, Title) Amy Roark <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">530-754-4435</td> <td style="border: none;">alroark@ucdavis.edu</td> </tr> </table>	Area Code/Phone Number	E-mail	530-754-4435	alroark@ucdavis.edu	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: small;">For Official Use Only</td> </tr> </table>	California Form 802	For Official Use Only
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For Official Use Only								
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>12/18/18</u> <small>(month, day, year)</small>						

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program **Face Value of Each Admission \$** 49

Description Camille A Brown & Dancers **Date(s)** 12 / 01 / 18 12 / 01 / 18

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admssion(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Mondavi Center Staff	33	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Don Roth	Executive Director	12/18/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program **Face Value of Each Admission \$** 55

Description Boston Brass **Date(s)** 12 / 16 / 18 12 / 16 / 18

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Mondavi Center Staff	21	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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 _____ <small>Signature of Agency Head or Designee</small>	Don Roth _____ <small>Print Name</small>	Executive Director _____ <small>Title</small>	12/18/18 _____ <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)