_			-	
Α	Publ	ic	Docur	nent

١.	Agency Name			Date Stamp	California 802			
	University of California, Davis				Form OOZ			
	Division, Department, or Region (If A)		For Official Use Only					
	Robert and Margrit Mondavi Cente	r for the Performing	a Arts					
	Designated Agency Contact (Name, Ti							
	Rebekah Laibson							
	Area Code/Phone Number E-mail			Amendment (Must provide				
		on@ucdavis.edu		Date of Original Filing: 1/19	V/2018 Ionth, Day, Year)			
_	Function or Event Information			1	, Day, 10a.,			
	Does the agency have a ticket policy		☐ Face Value of	of Each Ticket/Pass \$	76.00			
				2 16 17 12				
	Event Description Brandi Carlile Provide	Title/Explanation	Date(s)					
	Ticket(s)/Pass(es) provided by agend	Name of Source						
	=	cy? Yes⊠ No						
	Was ticket distribution made at the be	If yes: Roth	If yes: Roth, Don, Executive Director Official's Name (Last, First)					
	of agency official?			Cincial & Name (East, 1				
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 Ur	if Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy				
	Mondavi Center Staff		Recognize UC employees for their work					
1		6						
	3							
	8	N. C.						
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:				
	(A TO A DE TO BOTH TO BOTH TO THE TOTAL TO T	Pass(es)	Ceremonial Role	Other	Income [
		24		nial Role" or "Other" describe below:				
	W							
			Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income			
			-					
	C. Name of Outside Organization	Number of Ticket(s)/			e agency's policy			
	(include address and description) Pass(es)							
4.	Verification							
	I have read and understand FPPC Regulations 1.							
		Don R		Executive Director	1/19/2018			
	signature of Agency Head or Designee	Print Na	me	Tille	(Month, Day, Year)			
	Comment: Up to 2 tickets per emp	loyee						
	Oominiong				EDDC Form 902 (4/4			

1.	Agency Name			Date Stamp	California 802
	University of California, Davis		For Official Use Only		
	Division, Department, or Region (If Applic	able)			
	Robert and Margrit Mondavi Center for				
	Designated Agency Contact (Name, Title)	7		ĺ.	
	Rebekah Laibson			Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing:	1/19/2018
_		@ucdavis.edu		Date of Original Filing;	(Month, Day, Year)
2.	Function or Event Information				51.00
	Does the agency have a ticket policy?	Yes 🗵 No	-	of Each Ticket/Pass \$ _	
	Event Description American Bach Solo Provide Title Provide Title Provide Title	ist Explanation	Date(s)12	2 , 17 , 17	12 , 17 , 17
	Ticket(s)/Pass(es) provided by agency?	☐ If no:	Name of S	ource	
	Was ticket distribution made at the behe	et Na 🗆 Vaa	Roth,	Don, Executive Direct	
	of agency official?	st No ☐ Yes	☐ If yes:	Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agency's departmen	st an unit Haa Sa	otion D to identify an individ	ual a line Section C to ide	ntify 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	2	Recognize UC employees for their work		
	17	N. d. of		z.	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremon	Other	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 pul	blic purpose made pursuar	nt to the agency's policy
_	Marifi and an				
4.	Verification I have read and understand FPPC Regulations 18944.	1 and 18942. I have v	erified that the distribution set	forth above, is in accordance v	vith the requirements.
	(1)	Don Ro		Executive Director	1/19/2018
	Signature of Agency Head or Designee	Print Nar		Title	(Month, Day, Year)
					•
	Comment: Up to 2 tickets per employe	ee 			EDDO E 000 (4/40)

1.	Agency Name University of California, Davis Division, Department, or Region (If Applicable)				Date Stamp California Form For Official Use Only				
	Robert and Margrit Mondavi Co Designated Agency Contact (Nam								
	Rebekah Laibson	,,,,,,,,							
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)				
	Control of the Contro		cdavis.edu		Date of Original Filing:	1/19/2018 (Month, Day, Year)			
2.	Function or Event Informa	tion							
	Does the agency have a ticket po	olicy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	49.00			
	Event Description Mark Wood Experience Date			Date(s)12	15 , 17	12 , 15 , 17			
	Ticket(s)/Pass(es) provided by agency? Yes			☐ If no:	Name of So				
	Was ticket distribution made at th of agency official?	ie benest	No 🗌 Yes	☑ If yes: ————	Don, Executive Direc	Last, First)			
3	Recipients								
٠.	•	• 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 of	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		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:			
	×		1 405(65)	Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income			
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	t to the agency's policy			
4.	Verification I have read and understand FPPC Regulation	ns 18944 1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	ith the requirements			
	IM		Don Ro		Executive Director	1/19/2018			
	Signature of Agency Head or Designee	7	Print Nam	ne	Title	(Month, Day, Year)			
	Comment: Up to 2 tickets per e	mployee							

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)							
	Robert and Margrit Mondavi C	enter for the	e Performing	g Arts				
	Designated Agency Contact (Na	me,Title)						
	Rebekah Laibson				Amendment (Must	provide explanation in Part 3.)		
	AND THE PERSON AND THE COMMONWEST OF	-mail				1/10/2018		
		ilaibson@ud	cdavis.edu ————		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Informa					45.00		
	Does the agency have a ticket p	-	Yes⊠ No	—	of Each Ticket/Pass \$_			
	Event Description The Hot Sardines Provide Title/Explanation Date(s)			2 , 08 , 17	12 , 08 , 17			
		·		— If we'll				
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗵 No		Name of S			
	Was ticket distribution made at the behest No			☑ If ves: Roth,	Don, Executive Dire	ctor		
	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. Number of							
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Mondavi Center Staff		17	Recognize UC emp	oloyees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follo			
					U Other U nial Role" or "Other" describe below	Income 📙		
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income		
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy		
			7)					
4.	Verification I have read and understand FPPC Regulat	ions 18944-1 an	d 18942. I have vi	erified that the distribution set	forth above, is in accordance	with the requirements.		
	M h	.0.10 100771 011						
	Signature of Agency Head or Designee		Don Ro		Executive Director	(Month, Day, Year)		
	Comment: Up to 2 tickets per	employee				EDDO E 202 /4/40\		

١.	Agency Name				Date Stamp	California 802
	University of California, Davi	S				Form 002
	Division, Department, or Regi	Division, Department, or Region (If Applicable)				For Official Use Only
	Robert and Margrit Mondavi	Center for th	ne Performing	Arts		
	Designated Agency Contact (
	Rebekah Laibson					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3,)
	530-754-4434	rilaibson@u	ıcdavis.edu		Date of Original Filing	1/19/2018 (Month, Day, Year)
_	Function or Event Inforr					(Worth, Day, Tear)
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	65.00
			100 🔄 110		2 , 03 , 17	
	Event Description ASQ	Provide Title/Exp	olanation	Date(s)		12 / 00 / 11
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:	Name of S	
	Tioket(o)// doo(eo/ provided b)	agonoy.	TES 🔼 INU			
	Was ticket distribution made a	t the behest	No 🗌 Yes	✓ If yes: Roth,	Don, Executive Dire	ctor
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
	Mondavi Center Staff		3	Recognize UC employees for their work		
	B. Name of Individua (Last, First)	al —	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Initial Role" or "Other" describe below	Income
		1147		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 pub	blic purpose made pursua	nt to the agency's policy
- 4.	Verification					
	I have read and understand FPPC Regu	ılations 18944.1 aı	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
	Signature of Agency Head or Designed		Don Ro		Executive Director	1/19/2018 (Month, Day, Year)