

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

**A Public Document**

|                                                                                                              |                                 |                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                     |                                 | Date Stamp                                                                      | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                 |                                                                                 |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                                 | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jltturner@ucdavis.edu | Date of Original Filing: <u>03/09/2017</u><br>(Month, Day, Year)                |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 58.00

Event Description Dance Theatre of Harlem Date(s) 03 / 02 / 17 03 / 02 / 17  
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.

| <b>A.</b> 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>B.</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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                          |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| <b>C.</b> 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
03/09/2017  
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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|                                                                                                              |                                |                                                                                                                                                                               |                            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                     |                                | Date Stamp                                                                                                                                                                    | <b>California Form 802</b> |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                |                                                                                                                                                                               | For Official Use Only      |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                                | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><br><b>Date of Original Filing:</b> <u>03/09/2017</u><br><small>(Month, Day, Year)</small> |                            |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jlturmer@ucdavis.edu |                                                                                                                                                                               |                            |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 45.00

Event Description Jose Gonzales    Date(s) 03 / 03 / 17    03 / 03 / 17  
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                                                                | 47                           | Recognize UC employees for their work                                                                                                                                              |
|                                                                                     |                              |                                                                                                                                                                                    |
| B. Name of Individual<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              |                                                                                                                                                                                    |
| C. Name of Outside Organization<br><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.

|                                                         |                                              |                                                   |                                                        |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>03/09/2017</u><br><small>(Month, Day, Year)</small> |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per employee

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

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|                                                           |                       |                                                                                                                                                             |                                                     |
|-----------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b>                                     |                       | Date Stamp                                                                                                                                                  | <b>California Form 802</b><br>For Official Use Only |
| University of California, Davis                           |                       |                                                                                                                                                             |                                                     |
| Division, Department, or Region (If Applicable)           |                       |                                                                                                                                                             |                                                     |
| Robert and Margrit Mondavi Center for the Performing Arts |                       |                                                                                                                                                             |                                                     |
| Designated Agency Contact (Name, Title)                   |                       |                                                                                                                                                             |                                                     |
| Jessica Turner                                            |                       |                                                                                                                                                             |                                                     |
| Area Code/Phone Number                                    | E-mail                | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>03/09/2017</u><br><small>(Month, Day, Year)</small> |                                                     |
| 530-754-4434                                              | jltturner@ucdavis.edu |                                                                                                                                                             |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description Sikkil Gurucharan & Shujaat Khan Date(s) 03 / 04 / 17 03 / 05 / 17  
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)

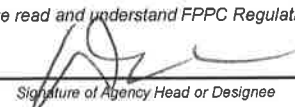
**3. Recipients**

• 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<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                      |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br>(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
03/09/2017  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: Up to 2 tickets per employee

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|--------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                     |                               | Date Stamp                                                                                                                                                  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                               |                                                                                                                                                             |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                               | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>04/18/2018</u><br><small>(Month, Day, Year)</small> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jturner@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 Brain Jagde    Date(s) 03 / 11 / 17    03 / 11 / 17  
Provide Title/Explanation

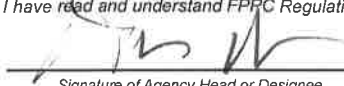
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

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                                                                | 9                            | Recognize UC employees for their work                                                                                                                                              |
|                                                                                     |                              |                                                                                                                                                                                    |
| B. Name of Individual<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              |                                                                                                                                                                                    |
| C. Name of Outside Organization<br><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.

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per employee

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|                                                                                                                     |                               |                                                                                                                                                                           |                                                                    |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                            |                               | Date Stamp                                                                                                                                                                | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region <i>(If Applicable)</i><br>Robert and Margrit Mondavi Center for the Performing Arts |                               |                                                                                                                                                                           |                                                                    |
| Designated Agency Contact <i>(Name, Title)</i><br>Jessica Turner                                                    |                               |                                                                                                                                                                           |                                                                    |
| Area Code/Phone Number<br>530-754-4434                                                                              | E-mail<br>jturner@ucdavis.edu | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: <u>04/18/2018</u><br><small><i>(Month, Day, Year)</i></small> |                                                                    |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 45.00

Event Description Dr. Raj Patel    Date(s) 03 / 13 / 17    03 / 13 / 17  
*Provide Title/Explanation*

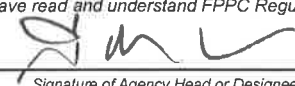
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

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><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"/><br><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"/><br><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                                                                                                                          |
|                                                                                         |                              |                                                                                                                                                                                           |
|                                                                                         |                              |                                                                                                                                                                                           |

**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.*

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
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Comment: Up to 2 tickets per employee

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| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                               |                                                                                                                                                             |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                               | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>04/18/2018</u><br><small>(Month, Day, Year)</small> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jturner@ucdavis.edu |                                                                                                                                                             |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 45.00

Event Description Jelly and George    Date(s) 03 / 14 / 17    03 / 14 / 17  
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                                                                | 20                           | Recognize UC employees for their work                                                                                                                                              |
|                                                                                     |                              |                                                                                                                                                                                    |
| B. Name of Individual<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              |                                                                                                                                                                                    |
| C. Name of Outside Organization<br><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.

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per employee

**Agency Report of:  
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| <b>1. Agency Name</b><br>University of California, Davis                                                     |                                 | Date Stamp                                                                                                                                                  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                 |                                                                                                                                                             |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>04/18/2018</u><br><small>(Month, Day, Year)</small> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jltturner@ucdavis.edu |                                                                                                                                                             |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description Shane Koyczan    Date(s) 03 / 16 / 17    03 / 18 / 17  
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<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><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.

|                                                         |                                              |                                                   |                                                        |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
|---------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per employee

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| <b>1. Agency Name</b><br>University of California, Davis                                                            |                                        | Date Stamp                                                                      | <b>California Form 802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                        |                                                                                 |                                                     |
| <b>Designated Agency Contact</b> (Name, Title)<br>Jessica Turner                                                    |                                        | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) |                                                     |
| <b>Area Code/Phone Number</b><br>530-754-4434                                                                       | <b>E-mail</b><br>jltturner@ucdavis.edu | <b>Date of Original Filing:</b> 04/18/2018<br>(Month, Day, Year)                |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 45.00

Event Description Dervish w/La Vent du Nord    Date(s) 03 / 17 / 17    03 / 17 / 17  
*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.

| <b>A.</b> 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                                                     | 20                           | Recognize UC employees for their work                                                                                                                                      |
|                                                                          |                              |                                                                                                                                                                            |
| <b>B.</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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|                                                                          |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| <b>C.</b> 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    04/18/2017  
*Signature of Agency Head or Designee*    *Print Name*    *Title*    *(Month, Day, Year)*

Comment: Up to 2 tickets per employee



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

**A Public Document**

|                                                               |                     |                                                                                        |                                                                    |
|---------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>1. Agency Name</b>                                         |                     | Date Stamp                                                                             | <b>California Form 802</b><br><small>For Official Use Only</small> |
| University of California, Davis                               |                     |                                                                                        |                                                                    |
| <b>Division, Department, or Region</b> <i>(If Applicable)</i> |                     |                                                                                        |                                                                    |
| Robert and Margrit Mondavi Center for the Performing Arts     |                     |                                                                                        |                                                                    |
| <b>Designated Agency Contact</b> <i>(Name, Title)</i>         |                     |                                                                                        |                                                                    |
| Jessica Turner                                                |                     |                                                                                        |                                                                    |
| <b>Area Code/Phone Number</b>                                 | <b>E-mail</b>       | <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> |                                                                    |
| 530-754-4434                                                  | jturner@ucdavis.edu | <b>Date of Original Filing:</b> <u>04/18/2018</u><br><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 \$ 125.00

Event Description St. Petersburg Philharmonic    Date(s) 03 / 18 / 17    03 / 18 / 17  
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)

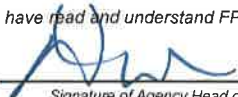
**3. Recipients**

• 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<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><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.*

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><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**

|                                                                                                                     |                                        |                                                                                 |                                                     |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                            |                                        | Date Stamp                                                                      | <b>California Form 802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                        |                                                                                 |                                                     |
| <b>Designated Agency Contact</b> (Name, Title)<br>Jessica Turner                                                    |                                        | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) |                                                     |
| <b>Area Code/Phone Number</b><br>530-754-4434                                                                       | <b>E-mail</b><br>jltturner@ucdavis.edu | <b>Date of Original Filing:</b> 04/18/2018<br>(Month, Day, Year)                |                                                     |

**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) 03 / 19 / 17    03 / 19 / 17  
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.

| <b>A.</b> 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                                                     | 5                            | Recognize UC employees for their work                                                                                                                                              |
|                                                                          |                              |                                                                                                                                                                                    |
| <b>B.</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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                          |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                          |                              |                                                                                                                                                                                    |
| <b>C.</b> 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
04/18/2017  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: Up to 2 tickets per employee

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

**A Public Document**

|                                                                                                                     |                               |                                                                                                                                                                   |                                                     |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                            |                               | Date Stamp                                                                                                                                                        | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(If Applicable)</i><br>Robert and Margrit Mondavi Center for the Performing Arts |                               |                                                                                                                                                                   |                                                     |
| Designated Agency Contact <i>(Name, Title)</i><br>Jessica Turner                                                    |                               | <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: <u>04/18/2018</u><br><i>(Month, Day, Year)</i> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                              | E-mail<br>jturner@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 The Real Nashville    Date(s) 03 / 21 / 17    03 / 21 / 17  
*Provide Title/Explanation*

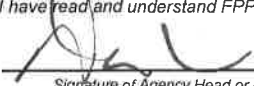
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

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                                                        | 16                           | Recognize UC employees for their work                                                                                                                                      |
|                                                                             |                              |                                                                                                                                                                            |
| B. Name of Individual<br><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"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|                                                                             |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|                                                                             |                              |                                                                                                                                                                            |
| C. Name of Outside Organization<br><i>(include address and description)</i> | 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.*

|                                                                                                                                    |                               |                                    |                                         |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-----------------------------------------|
| <br><i>Signature of Agency Head or Designee</i> | Don Roth<br><i>Print Name</i> | Executive Director<br><i>Title</i> | 04/18/2017<br><i>(Month, Day, Year)</i> |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|-----------------------------------------|

Comment: Up to 2 tickets per employee

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

**A Public Document**

|                                                                                                              |                               |                                                                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                     |                               | Date Stamp                                                                                                                                   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                               |                                                                                                                                              |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                               | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>04/18/2018</u><br>(Month, Day, Year) |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jturner@ucdavis.edu |                                                                                                                                              |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 85.00

Event Description Danilo Brito Trio Date(s) 03 / 22 / 17 03 / 25 / 17  
Provide Title/Explanation

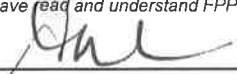
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

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                                                     | 16                           | Recognize UC employees for their work                                                                                                                                                                                |
| <b>B. Name of Individual (Last, First)</b>                               |                              |                                                                                                                                                                                                                      |
|                                                                          | Number of Ticket(s)/Pass(es) | Identify one of the following:<br>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                          |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>                                   |
| <b>C. Name of Outside Organization (include address and description)</b> |                              |                                                                                                                                                                                                                      |
|                                                                          | 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 04/18/2017  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Up to 2 tickets per employee

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

**A Public Document**

|                                                                                                                  |                                 |                                                                                                                                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                         |                                 | Date Stamp                                                                                                                                                      | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br><br>Robert and Margrit Mondavi Center for the Performing Arts |                                 |                                                                                                                                                                 |                                                     |
| Designated Agency Contact (Name, Title)<br><br>Jessica Turner                                                    |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br><br>Date of Original Filing: <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                           | E-mail<br>jltturner@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 Danilo Brito Trio    Date(s) 03 / 22 / 17    03 / 25 / 17  
Provide Title/Explanation

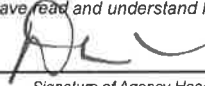
Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

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                                                     | 105                          | Recognize volunteers for their work                                                                                                                                                |
|                                                                                     |                              |                                                                                                                                                                                    |
| B. Name of Individual<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              |                                                                                                                                                                                    |
| C. Name of Outside Organization<br><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.

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per volunteer

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

**A Public Document**

|                                                                                                              |                                 |                                                                                                                                                             |                                                     |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>University of California, Davis                                                     |                                 | Date Stamp                                                                                                                                                  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Robert and Margrit Mondavi Center for the Performing Arts |                                 |                                                                                                                                                             |                                                     |
| Designated Agency Contact (Name, Title)<br>Jessica Turner                                                    |                                 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <u>04/18/2018</u><br><small>(Month, Day, Year)</small> |                                                     |
| Area Code/Phone Number<br>530-754-4434                                                                       | E-mail<br>jltturner@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 Diavolo      Date(s) 03 / 26 / 17      03 / 26 / 17  
Provide Title/Explanation

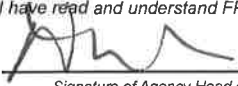
Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: \_\_\_\_\_  
Name of Source

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                                                                | 19                           | Recognize UC employees for their work                                                                                                                                              |
|                                                                                     |                              |                                                                                                                                                                                    |
| B. Name of Individual<br><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"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                                     |                              |                                                                                                                                                                                    |
| C. Name of Outside Organization<br><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.

|                                                                                                                                            |                                              |                                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <br><small>Signature of Agency Head or Designee</small> | <u>Don Roth</u><br><small>Print Name</small> | <u>Executive Director</u><br><small>Title</small> | <u>04/18/2017</u><br><small>(Month, Day, Year)</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|

Comment: Up to 2 tickets per employee