1.	Agency Name		Date Stamp	California 802			
	University of California, Dav	is		Form OUZ			
	Division, Department, or Regi	on (If Applicable,		For Official Use Only			
	Robert and Margrit Mondavi	Center for the	e Performina	ı Arts			
	Designated Agency Contact (						
	Jessica Turner				Amandmant (Must a	sovide evaluation in Dest 2.1	
	Area Code/Phone Number	E-mail			. Amendment (Must p.		
	530-754-4434	jlturner@ucd	lavis.edu		Date of Original Filing:	(Month, Day, Year)	
<u>Z.</u>	Function or Event Infor	mation		-		50.00	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	58.00	
	Event Description Dance The	eatre of Harler	n anation	Date(s)03	02 , 17	03 , 02 , 17	
	Ticket(s)/Pass(es) provided by	,	Yes⊠ No[	☐ If no:			
	ricket(s)/Fass(es) provided by	y agency:	Name of So	urce			
	Was ticket distribution made a	t the behest	No ☐ Yes I	If yes: Roth,	Don, Executive Direc	tor	
	of agency official?				Official's Name (	Last, First)	
3.	Recipients						
	Use Section A to Identify the agency     Name of Agency, Department		Number of		ual. • Use Section C to iden		
	7 ( Mains of Agency) Doparant	Ticket(s)/ Pass(es)					
	Mondavi Center Staff		13	Recognize UC emp	oloyees for their work	;	
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Lds), Fils)		Pass(es)	Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🗌	
				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🗆	
	·	ilzation	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy	
	Name of Outside Organ (include address and des	scription)	Pass(es)				
	(include address and des	scription)	Pass(es)				
4.				prified that the distribution set	forth above, is in accordance w	ith the requirements.	
<del>-</del>	Verification				forth above, is in accordance w Executive Director	ith the requirements. 03/09/2017	

1.	Agency Name		Date Stamp	California 802				
	University of California, Davi	s		Form OOZ				
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only		
	Robert and Margrit Mondavi		Arts					
	500 - 0							
	Jessica Turner	E			Amendment (Must )	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:	03/09/2017		
	530-754-4434	jlturner@ucc	avis.edu			(Month, Day, Year)		
	Function or Event Inform					45.00		
	Does the agency have a ticker	t policy?	Yes 🛛 No	_	of Each Ticket/Pass \$ _			
	Event Description Jose Gonz	ales		Date(s)03	03 , 17	03 , 03 , 17		
	Event Besonption	Provide Title/Expl						
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No[	□ If no:	Name of S			
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		.00 110 [					
	Was ticket distribution made a	t the behest	⊠ If yes: Roth,	Don, Executive Direc	CTOF			
	of agency official?		Official's Name	(Last, First)				
3.	Recipients							
	Use Section A to Identify the agency	/'s department or	unit. • Use Sec	tion B to Identify an Individu	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	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 (Lest, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Geremon	Identify one of the follow	Income _		
à.					Other Inial Role" or "Other" describe below	Income :		
	C. Name of Outside Organ (Include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy		
4.	Verification							
•	I have read and understand FPPC Regu	ilations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance t	with the requirements.		
	Mr.		Don Ro	oth	Executive Director	03/09/2017		
	Signature of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)		
	Opening Up to 2 tickets po	er employee						

Univ Divis	ency Name versity of California, Davi tion, Department, or Regi	S			Date Stamp	California 802
Divis		S				
	ion Department or Regi			Form OUZ		
Roh	ion, Department, or regi	on (If Applicable		For Official Use Only		
	ert and Margrit Mondavi	Center for th				
	gnated Agency Contact (					
loce	sica Turner					
	Code/Phone Number	E-mail			_	ovide explanation in Part 3.)
	-754-4434	jlturner@ucc	tavie edu		Date of Original Filing:	03/09/2017
	ction or Event Infor		avis.euu			(Month, Day, Year)
			v 🖂 v I	Eggs Value o	of Each Ticket/Pass \$	35.00
Does	s the agency have a ticket	•	Yes⊠ No			
Even	t Description Sikkil Guru	charan & Shu Provide Title/Expl		Date(s)	3 , 04 , 17	03 , 05 , 17
Ticke	et(s)/Pass(es) provided by	agency?	Yes⊠ No[	☐ If no:	Name of Sou	/
	ticket distribution made a gency official?	t the behest	No ☐ Yes	If yes: Koth,	Don, Executive Direct	ast. First)
					omouro reamo (2	
	ipients				1	16
	Section A to Identify the agency	's department or	tion B to identify an individu	ual. • Use Section C to Identi	ity an outside organization.	
A. —	A. Name of Agency, Department or Unit			Describe the pub	olic purpose made pursuant	to the agency's policy
Mon	Mondavi Center Staff		12			
В.	Name of Individua (Lest, First)	ı	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Initial Role" or "Other" describe below:	ng:
9				Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below:	Income [
C.	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	ification read and yoderstand FPPC Regu	lations 18944 1 an	d 18942. I have ve	erified that the distribution set i	forth above. is in accordance wit	h the requirements.
/ may 0	A		Don Ro		Executive Director	03/09/2017
-	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	· •					

1. Agency Name	Date Stamp California 802				
University of California, Davis					
Division, Department, or Region (If Application)	Division, Department, or Region (If Applicable)				
Robert and Margrit Mondavi Center for	the Performing	Arts			
Designated Agency Contact (Name, Title)					
Jessica Turner		Amendment (Must provide explanation in Part 3.)			
Area Code/Phone Number E-mail		Date of Original Filing: (Month. Day Year)			
	ucdavis.edu	Date of Original Filing:(Month, Day, Year)			
2. Function or Event Information		75.00			
Does the agency have a ticket policy?	Yes 🗵 No 🗆	Face value of Each Ticket/Pass \$			
Event Description Brain Jagde  Provide Title/	- Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No 🗆	If no:			
Was ticket distribution made at the behes	st No □ Yes ▷	Dath Day Everytive Dispeter			
of agency official?	Official's Name (Last, First)				
3. Recipients					
	t or unit. • Use Sect	on 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	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
* <u></u>		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
4. Verification					
	1 and 18942. I have ver	fied that the distribution set forth above, is in accordance with the requirements.			
The	Don Rot	Executive Director 04/18/2017			
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)			
Comment: Up to 2 tickets per employe	е				

1.	Agency Name	Date Stamp	California 802			
	University of California, Davis		Form OUZ			
	Division, Department, or Region (If App	licable)		1	For Official Use Only	
	Robert and Margrit Mondavi Center f					
	Designated Agency Contact (Name, Title	-				
	Jessica Turner					
	Area Code/Phone Number E-mail				provide explanation in Part 3.)	
	530-754-4434 jlturner	@ucdavis.edu		Date of Original Filing:	04/18/2018 (Month, Day, Year)	
2.	Function or Event Information			'		
	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	45.00	
	Event Description Dr. Raj Patel		Date(s)03	3 , 13 , 17	03 , 13 , 17	
	Trovide Ti	le/Explanation	%			
	Ticket(s)/Pass(es) provided by agency	? Yes⊠ No	If no:	Name of Sc	purce	
	Was ticket distribution made at the beh	Don, Executive Direct	etor			
	of agency official?	est No ☐ Yes		Official's Name (	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Staff	12	Recognize UC employees for their work			
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow  Other  inial Role" or "Other" describe below:	ving:	
	:	v	Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below:	× Income 🗔	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
	; <del></del>					
4.	Verification					
	I have read and understand FPPC Regulations 1894					
	Signature of Agazar Hand or Parisana	Don Ro		Executive Director	04/18/2017	
	Signature of Agency Head or Designee	Print Nam	ne	ritie	(Month, Day, Year)	
	Comment: Up to 2 tickets per employ	/ee				

1.	Agency Name		Date Stamp	California 802		
	University of California, Dav	is		Form CO2		
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Robert and Margrit Mondavi	Center for the	e Performing	Arts		
	Designated Agency Contact (					
	Jessica Turner					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	530-754-4434	jlturner@ucc	davis.edu		Date of Original Filing: .	04/18/2018 (Month, Day, Year)
_	Function or Event Infor	<u> </u>				(World, Day, Year)
۷.	Does the agency have a ticke		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$	45.00
		*	TES M INU			
	Event Description Jelly and C	Provide Title/Expl	lanation	Date(s)	3 14 17	03 14 11
	Ti-1			- If not		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No		Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If ves: Roth,	Don, Executive Direc	tor
	of agency official?			Official's Name (I	Last, First)	
<del></del> 3.	Recipients					
	Use Section A to identify the agence	y's department or		tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit  Mondavi Center Staff		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy
			20	Recognize UC employees for their work		
	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow  Other  inial Role" or "Other" describe below:	ring:
				Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
_						
4.	Verification  I have read and understand FPPC Regu	lations 18044 1 an	d 18942   have ve	erified that the distribution set	forth above is in accordance w	ith the requirements
	Dal		Don Ro	oth	Executive Director	04/18/2017
	Signature of Agency Head or Designee		Print Nam	ne e	Title	(Month, Day, Year)
	Comment: Up to 2 tickets pe	er employee				

1.	Agency Name		Date Stamp	California 802			
	University of California, Davi	s		Form OUZ			
	Division, Department, or Region	on (If Applicable		For Official Use Only			
	Robert and Margrit Mondavi	Center for th					
	Designated Agency Contact (/		-				
	Jessica Turner						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	530-754-4434	jlturner@uc	davis.edu		Date of Original Filing:	04/18/2018 (Month, Day, Year)	
2.	Function or Event Inform					(WORRII, Day, Year)	
۷.	Does the agency have a ticket		Yes⊠ No[	□ Face Value o	of Each Ticket/Pass \$ _	35.00	
	•		TES [MO]	_			
	Event Description Shane Koy	Provide Title/Exp	olanation	Date(s)	3 , 16 , 17	00 10 11	
	Tighter(a)/Dagg(ag) provided by			If no:			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[		Name of Sc	ource	
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If yes: Roth,	, Don, Executive Direc	etor	
	of agency official?		Official's Name (	(Last, First)			
3.	Recipients						
	Use Section A to identify the agency	's department or	ual. • Use Section C to iden	ntify an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		30	Recognize UC employees for their work			
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
				Ceremonial Role If checking "Ceremon	L Other L nial Role" or "Other" describe below:	Income 📙	
		"		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	at to the agency's policy	
4.	10 10 10 10 10 10 10 10 10 10 10 10 10						
	I have read and understand FPPC Regul	lations 18944 1 an					
	1/1/4		Don Ro		Executive Director	04/18/2017	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets pe	r employee					

1.	Agency Name	Date Stamp	California 802			
	University of California, Davis				Form For Official Use Only	
	Division, Department, or Region (If Applica		1 of Official Ose Offig			
	Robert and Margrit Mondavi Center for	, Arts				
	Designated Agency Contact (Name, Title)					
	Jessica Turner			Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail			Date of Original Filing: 04/18/2018 (Month, Day, Year)		
		ucdavis.edu		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information				45.00	
	Does the agency have a ticket policy?	Yes 🛛 No	—	of Each Ticket/Pass \$ ,		
	Event Description Dervish w/La Vent du		Date(s)	3 , 17 , 17	03 17 17	
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	☐ If no:	Name of S	Source	
	Was ticket distribution made at the behes	, Don, Executive Dire	ctor			
	of agency official?	st No ☐ Yes	△ 11 yes	Official's Name	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department	lual. • Use Section C to ide	entify an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff	20	Recognize UC employees for their work			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremo	Identify one of the folio	Income 🔲	
	) <del></del>		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income 🔲	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy	
4.	Verification I have read and understand FPPC Regulations 18944.	1 and 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.	
	12/1	Don Ro		Executive Director		
	Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)	
	Contract Contracts	20				
	Comment: Up to 2 tickets per employe	#E				

	_			_			
Α	Pu	bI	IC	Do	CL	ım	ent

1.	Agency Name		Date Stamp	California 802				
	University of California, Davi	s		Form OUZ				
	Division, Department, or Regi	on (If Applicable	<del>)</del>			For Official Use Only		
	Robert and Margrit Mondavi	Center for th						
	Designated Agency Contact (/	Name, Title)						
	Jessica Turner				- Amondment (M.)	June 1 de la constante de la c		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	530-754-4434	jlturner@uco	davis.edu		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				125.00		
	Does the agency have a ticket		Yes⊠ No		of Each Ticket/Pass \$_			
	Event Description St. Petersb	ourg Philharm  Provide Title/Exp.	nonic Janation	Date(s)03	, 18 , 17	03 , 18 , 17		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	If no:	Name of So	ource		
	Was ticket distribution made a	No 🗌 Yes	⊠ If ves. Roth,	Don, Executive Direct	otor			
	of agency official?		110 E 100		Official's Name	(Last, First)		
3.	Recipients							
	• Use Section A to identify the agency	's department or	ual. • Use Section C to ider	ntify an outside organization.				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		13	Recognize UC employees for their work				
	B. Name of Individua	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow  Other  Identify one of the follow.	Income			
	÷7	<u> </u>		Ceremonial Role  If checking "Ceremon	Other Dial Role" or "Other" describe below.	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy		
<del>-</del> 4.	Verification I have read and understand FPPC Regul	lations 18944.1 an						
	142		Don Ro		Executive Director	04/18/2017		
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)		
	Comment: Up to 2 tickets pe	r employee						

						AT abile Becament	
1.	Agency Name		Date Stamp	California 802			
	University of California, Dav	is		Form OOL			
	Division, Department, or Regi	ion (If Applicable		For Official Use Only			
	Robert and Margrit Mondavi Designated Agency Contact (		e Performing	Arts			
	Jessica Turner						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3:)	
	530-754-4434	jlturner@ucc	davis.edu		Date of Original Filing:	04/18/2018 (Month, Day, Year)	
_	Function or Event Infor					(Worth, Day, Tear)	
	Does the agency have a ticke		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _	75.00	
				_			
	Event Description Alexander	Provide Title/Expl	anation	Date(s)	3 , 19 , 17	03 , 19 , 17	
	Ticket(s)/Pass(es) provided by			□ If no:			
	ricket(s)/Fass(es) provided by	y agency:	Yes⊠ No	11110.	Name of So	ource	
	Was ticket distribution made a	at the behest	No ☐ Yes	☑ If yes: Roth,	Don, Executive Direct	tor	
	of agency official? Official's Name (Last, First)						
3.	Recipients						
	Use Section A to Identify the agency	y's department or	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Staff		5	Recognize UC employees for their work			
					0.		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
				Ceremonial Role  If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income	
	Name of Outside Orgar (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	4				<u>- 10 -                                 </u>		
<b>4</b> .	Verification I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
	12		Don Ro	oth	Executive Director	04/18/2017	
	Signature of Agency Head of Designee		Print Nam	e	Title	(Month, Day, Year)	
	lln to O Haliata in	or omplesses					
	Comment: Up to 2 tickets pe	ы етпрюуее					

			1"	TO DESCRIPTION OF THE PARTY AND ASSESSMENT OF THE PARTY ASSESSMENT
. Agency Name			Date Stamp	California 802
University of California, Davis				Form For Official Use Only
Division, Department, or Region (If Applicable	)			To omoun out only
Robert and Margrit Mondavi Center for the	e Performing	Arts		
Designated Agency Contact (Name, Title)				
Jessica Turner				
Area Code/Phone Number   E-mail			1 —	provide explanation in Part 3.)
530-754-4434 jlturner@ucd	lavis.edu		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	51.00
Event Description The Real Nashville		Data(s) 03	3 , 21 , 17	03 , 21 , 17
Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	Name of So	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Koth,	Don, Executive Direct	(Last. First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	unit. • Use Sec	ation B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	Number of		olic purpose made pursuan	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	t to the agency's policy
Mondavi Center Staff	40	Recognize UC employees for their work		
·	16			
	Number of			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role	Other 🗍	Income 🗌
			nial Role" or "Other" describe below:	_
		Ceremonial Role  If checking "Ceremon	Other   Other   nial Role" or "Other" describe below:	Income
		in choosing concine	⊌	
C Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	nt to the agency's policy
(include address and description)	Pass(es)	E Describe the par	one parpose made pareau.	
·				
4. Verification	10			
I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements
16	Don Ro	oth	Executive Director	04/18/2017
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment: Up to 2 tickets per employee				

_						711 415110 = 0041110111	
1.	Agency Name		Date Stamp	California 802			
	University of California, Davis	i		Form For Official Use Only			
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi Center for the Performing Arts  Designated Agency Contact (Name, Title)						
	Jessica Turner						
		E-mail	Amendment (Must provide explanation in Part 3,)				
	The state of the s	IIIaII jlturner@ucc	davis edu		Date of Original Filing:	04/18/2018	
_	L					(Month, Day, Year)	
۷.	Function or Event Inform		of Each Ticket/Dass \$	85.00			
	Does the agency have a ticket		of Each Ticket/Pass \$				
	Event Description Danilo Brito	l rio Provide Title/Exp.	3 , 22 , 17	03 , 25 , 17			
	Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			Name of So		
	Was ticket distribution made at of agency official?	tne behest	No ☐ Yes	If yes: Roth, Don, Executive Director  Official's Name (Last, First)			
_					,		
3.	Recipients			41 B 4 14 15	H O-stion O to iden	Alfra a sutaida assaulantian	
	Use Section A to identify the agency's	s department or					
i.	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		16	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	/ing:	
	2			If checking "Ceremon	nial Role" or "Other" describe below:		
			-	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income _	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	escribe the public purpose made pursuant to the agency's policy		
	1 <del></del>						
4.	Verification	lione 18044 1 ==	nd 18942   hove :::	erified that the distribution set	forth above is in accordance w	with the requirements	
	I have read and understand FPPC Regulations 18944.1 and						
			Don Ro		Executive Director	04/18/2017	
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets per	r employee					
	Comment: Op to 2 tion to po						

					W		
١.	Agency Name		Date Stamp California 802				
	University of California, Davi	S		Form 002			
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi Center for the Performing Arts						
	Designated Agency Contact (Name, Title)						
	Jessica Turner						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	530-754-4434 jlturner@ucdavis.edu				Date of Original Filing: 04/18/2017 (Month, Day, Year)		
_	Function or Event Information					(Month, Day, Year)	
			of Each Ticket/Pass \$	75.00			
					Pace Value of Each Ticket/Pass \$		
	Event Description Danilo Brito Trio  Provide Title/Explanation  Date(s)				3 / 22 / 17	03 , 25 , 17	
	Ti-l4/-\/D/\						
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No		Name of S	ource	
	Was ticket distribution made a	t the behest	No 🗌 Yes	☑ If yes: Roth	, Don, Executive Dire	ctor	
	of agency official?			,,	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency	's department o		ction B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Volunteer Ushers			Recognize volunteers for their work			
	Mondavi Center Volunteer U	Jshers	105	Recognize volunte	eers for their work	1:	
	Mondavi Center Volunteer U		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	Income [	
	B. Name of Individua		Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial Role	Identify one of the follo	Income Income	
	B. Name of Individua	ization	Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial Role Ceremonial Role If checking "Cerem	Identify one of the follo  Other   onial Role" or "Other" describe below  Other	Income In	
4.	B. Name of Individua (Last, First)  C. Name of Outside Organ	ization cription)	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role	Identify one of the follo  Other  Onial Role" or "Other" describe below Other  Other  Onial Role" or "Other" describe below	Income In	
1.	B. Name of Individua (Last, First)  C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role	Identify one of the follo  Other  Onial Role" or "Other" describe below Other  Other  Onial Role" or "Other" describe below	Income In	

	Agency Name			Date Stamp	California Q02	
	University of California, Davis		Form OUZ			
	Division, Department, or Region (If Appl		For Official Use Only			
	Robert and Margrit Mondavi Center f					
	Designated Agency Contact (Name, Title,	-				
	Jessica Turner					
7	Area Code/Phone Number   E-mail	Amendment (Must provide explanation in Part 3,)				
	530-754-4434 jlturner@	Ducdavis.edu		Date of Original Filing: 04/18/2018 (Month, Day, Year)		
2.	Function or Event Information		10	•	54.00	
[	Does the agency have a ticket policy?	Face Value of	of Each Ticket/Pass \$ _	51.00		
	Event Description Diavolo	Date(s) 03	3 , 26 , 17	03 , 26 , 17		
	Provide Titi					
-	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	☐ If no:	If no:		
,	Was ticket distribution made at the beh	Roth.	, Don, Executive Direc			
•	of agency official?	est No ☐ Yes	If yes:	Official's Name (	Last, First)	
	 Recipients					
	Use Section A to identify the agency's department	ent or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	Describe the public purpose made pursuant to the agency's policy		
٠	Mondavi Center Staff	19	Recognize UC em	ecognize UC employees for their work		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow  Other  Inial Role" or "Other" describe below:	ving: Income □	
ğ			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	<b>Verification</b> I have read and understand FPPC Regulations 1894	4.1 and 18942, I have vo	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
	Ann	Don Ro	oth	Executive Director	04/18/2017	
	Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)	
	Up to 2 tickets per employ	/ee				
	Comment: Op to 2 tiokete per emple					