_						
1.	Agency Name		Date Stamp California			
	University of California, Davi	s -		Form UUZ		
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Robert and Margrit Mondavi	Center for th				
	Designated Agency Contact (Vame, Title)				
	Sarah Herrera					
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
	530-754-4435	smherrera@)ucdavis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inforr	M				
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	40.00
	Event Description Steven Wr	ght	, 18 <u>,</u> 15	9 , 18 , 15		
		7100100 7100/2/	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No [☐ If no:	Name of S	ource
	Was ticket distribution made a	t the behest	Don, Executive Direct			
	of agency official?	2011001	No ☐ Yes [∆ II yes	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	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Staff		15	Recognize UC employees for their work		
	B. Name of Individua (Last, Frst)	ı	Number of Ticket(s)/ Pass(es)		Identify one of the follow Other identify one of the follow.	Income
	-			Ceremonial Role If checking "Ceremon	Other iial Role" or "Other" describe below.	Income
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon		
4.	(include address and des	cription)	Ticket(s)/ Pass(es)	If checking "Ceremon	ial Role" or "Other" describe below.	nt to the agency's policy
4.	(include address and des	cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the put	ial Role" or "Other" describe below.	nt to the agency's policy

_						
1.	Agency Name		Date Stamp	California 802		
	University of California, Dav	ris		Form OUL		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Robert and Margrit Monday					
	Designated Agency Contact	(Name, Title)				
	Sarah Herrera		Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail				
	530-754-4435	smherrera@)ucdavis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		40.00		
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ 🗕	40.00		
	Event Description Steven Wi	right Provide Title/Exp	, 18 , 15	9 , 18 , 15		
	Ticket(s)/Pass(es) provided b	•				
	ricket(s)/Fass(es) provided b	y agency:	Name of S	ource		
	Was ticket distribution made a	at the behest	No ☐ Yes [If yes: Roth,	Don, Executive Direct	ctor
	of agency official?			, , , , , , , , , , , , , , , , , , , ,	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Staff		15	Recognize UC employees for their work		
	B. Name of Individue (Lost, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow Other Other describe below:	Income 🔲
				Ceremonial Role	Other	
					ial Role" or "Other" describe below:	Income L
	Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon.	_	
4.	C. Name of Outside Organ (include address and des	scription)	Ticket(s)/ Pass(es)	If checking "Ceremon. Describe the pub	al Role" or "Other" describe below:	it to the agency's policy
4.	Verification	scription)	Ticket(s)/ Pass(es)	If checking "Ceremon. Describe the pub rified that the distribution set for	al Role" or "Other" describe below:	at to the agency's policy

7							
1.	Agency Name		Date Stamp	California 802			
	University of California, Dav	ris		Form OUL			
	Division, Department, or Reg	ion (If Applicab		For Official Use Only			
	Robert and Margrit Mondavi	Center for t					
	Designated Agency Contact	Name, Title)					
	Sarah Herrera						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	530-754-4435	smherrera@	@ucdavis.edu		Date of Original Filing:	10/03/2015 (Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ -	75.00			
	Event Description	ncoln Center	, 21 , 15	9 , 21 , 15			
	Eveni Description	Provide Title/Ex	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:			
	Tes No				Name of Source		
	Was ticket distribution made at the behest No			If yes: Roth,	, Don, Executive Director Official's Name (Last, First)		
_	of agency official?				Onicial 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 organizar						
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy	
	Mondavi Center Staff		18	Recognize UC emp	oloyees for their work		
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below.	Income	
		al	Ticket(s)/	If checking "Ceremon	Other ial Role" or "Other" describe below.	Income _	
		nization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income Income	
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other	Income Income	
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other	Income In	
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub erified that the distribution set the	Other	Income Income	

1.	Agency Name				Date Stamp	California 802	
	University of California, Dav			For Official Use Only			
	Division, Department, or Regi	on (If Applicabl		To Official ode Offiy			
	Robert and Margrit Mondavi Designated Agency Contact (
	Sarah Herrera	es contactueros.					
	Area Code/Phone Number	E-mail	i		Amendment (Must)	provide explanation in Part 3.)	
	530-754-4435	smherrera@	@ucdavis.edu	1	Date of Original Filing:	10/03/2015 (Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	51.00			
	Event Description Mavis Stap	oles and Joan Provide Title/Exp	, 30 , 15	9 , 30 , 15			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	ource	
	Was ticket distribution made a	t the behest	No □ Yes	⊠ If ves. Roth,	Don, Executive Direct	ctor	
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agency	y's department or		ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	Mondavi Center Staff 7			Recognize UC employees for their work			
	Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role If checking "Ceremon	Other Intermited on "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Intermited of the control of t	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's polic		
F. (i	Verification I have read and understand FPPC Regu	lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set t	orth above, is in accordance w	ith the requirements.	
	Don			oth	Executive Director	10/03/2015	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets pe	er employee			e		