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

A Public Document

1.	Agency Name				Date Stamp	California 802		
	University of California, Davis					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: 12/03/2016 (Month, Day, Year)			
2.	Function or Event Infor	mation						
	Does the agency have a ticke	Yes ⊠ No	Face Value o	of Each Ticket/Pass \$.	45.00			
				24 , 16	09 , 24 , 16			
	Provide Title/Explanation Date(s)							
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	If no:			
	Was ticket distribution made a of agency official?	No 🔲 Yes	Yes If yes: Roth, Don, Executive Director Official's Name (Last, First)		(Last, First)			
_								
۶.		Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Number of				olic purpose made pursua			
			Pass(es)					
	Mondavi Center Staff		28	Recognize UC employees for their work				
	i n -							
	B. Name of Individua	al	Number of		4445			
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	Other	Income		
				If checking "Ceremon	ial Role" or "Other" describe below	<u>'</u>		
				Ceremonial Role	Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below	r.		
	Alama of Outside Occasi	.l=ation	Number of					
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy		
		*						
<u>-</u>	Verification		J					
•	I have gead and understand FPPG Regulations 18944.1 and		nd 18942. I have ve	erified that the distribution set i	tion set forth above, is in accordance with the requirements.			
			Don Roth		Executive Director	12/03/16		
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)		
	Up to 2 tickets pe	er emplovee						
	Comment: Op to 2 tion of p							

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	Robert and Margrit Mondavi Center for the Performing Arts						
	Designated Agency Contact (Name, Title)						
	Jessica Turner				American description of the conference of the first of the conference of the confere		
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	530-754-4434	jlturner@uc	davis.edu		Date of Original Filing: (Month, Day, Year)		
2.	Function or Event Infor	mation				65.00	
	Does the agency have a ticket policy? Yes ☒			_	of Each Ticket/Pass \$ -	03.00	
	Event Description Jazz at Lincoln Center Date(s) Date(s)				28 , 16	09 , 28 , 16	
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	Name of S	ource	
				Don, Executive Dire			
	Was ticket distribution made at the benest No ☐ Ye of agency official?			if yes:	Official's Name	(Last, First)	
3.	Recipients		7				
	Use Section A to Identify the agence	y'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, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		21	Recognize UC employees for their work			
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:	
				Ceremonial Role	nial Role" or "Other" describe below Other nial 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 pursua	nt to the agency's policy	
	Verification						
₹.	I have read and understand FPPC Regu	ılations 18944.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance	with the requirements.	
			Don Ro		Executive Director		
	Agnature of Agency Head or Designer		Print Nam	10	Title	(Month, Day, Year)	
	Comment:						

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Ro	S (55)		University of California, Davis				
Des		Division, Department, or Region (If Applicable)				For Official Use Only	
	Robert and Margrit Mondavi Center for the Performing Arts						
	signated Agency Contact (/	Vame, Litle)					
	ssica Turner		Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number E-mail				Date of Original Filing: 12/03/2016 (Month. Day, Year)		
		uavis.edu		(Month, Day, Year)			
	Function or Event Information				of Each Ticket/Dage ¢	45.00	
	100 20 110 20				of Each Ticket/Pass \$ 45.00		
Eve	Event Description Drums of India Provide Title/Explanation Date(s) 09				9 , 30 , 16	09 , 30 , 16	
Ticl	Ticket(s)/Pass(es) provided by agency? Yes ☒ No			☐ If no:	Name of So	urce	
Wa	Was ticket distribution made at the behest No ☐ Yes ☒ If yes; Roth,				Don, Executive Direct	tor	
	of agency official?			ii yes	Official's Name (Last, First)		
3. Re	ecipients						
• Us	• 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.						
Α.	Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Mc	Mondavi Center Staff B. Name of Individual		16	Recognize UC employees for their work			
 B.			Number of Ticket(s)/	Identify one of the following:			
***************************************	8		Pass(es)	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Initial 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	lic purpose made pursuant to the agency's policy		
	utti a akta a						
	rification re read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance wil	th the requirements.	
1	A N			th	Executive Director	12/03/16	
-/	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)	