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

**A Public Document** 

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1.	Agency Name				Date Stamp	California 802	
	University of California, Davis					Form OOZ	
	ivision, Department, or Region (If Applicable)					For Official Use Only	
	_	ert and Margrit Mondavi Center for the Performing Arts					
	Designated Agency Contact (						
	Sarah Herrera			Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number			11/11/2017			
	530-754-4435 smherrera@ucdavi				Date of Original Filing: (Month, Day, Year)		
2.	Function or Event Inform	Function or Event Information				75.00	
	Does the agency have a ticket policy?			Face Value of Each Ticket/Pass \$75.00		75.00	
	Event Description Los Tigres	Date(s) 09		9 , 21 , 17			
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			☐ If no:			
					Name of Source		
	Was ticket distribution made a	oution made at the behest No ☐ Yes ☒ If yes: Roth,			Don, Executive Director		
	of agency official?			Official's Name (Last, First)			
3.	Recipients		V				
	Jse 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  Mondavi Center Staff		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			18	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following:  Other Income		
				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	olic purpose made pursuant to the agency's policy		
	3					8	
1.	Verification				e di chi chi chi chi	ille the requirement	
	have regulations 18944.1 au		d 18942. I have verified that the distribution  Don Roth		forth above, is in accordance we Executive Director	11/11/17	
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets pe	er employee					