1.	Agency Name University of California, Dav	is	Date Stamp	California 802			
	Division, Department, or Reg		9)			For Official Use Only	
	Robert and Margrit Mondavi Designated Agency Contact		e Performing	g Arts			
	Jessica Miller			1	Amandanas (44 stars)	unida anala antien in Bort O.	
	Area Code/Phone Number	E-mail			Amendment (Must pro	04/06/2016	
_	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor		_	_ = 5	(F. 1.711.175. A	47.00	
	Does the agency have a ticke		Yes 🛛 No	_	f Each Ticket/Pass \$		
	Event Description Fox Wolf D	Ouo Provide Title/Expl	lanation	Date(s)03	02 , 16	03 , 05 , 16	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	rce	
	Was ticket distribution made a	t the behest	No ☐ Yes	Roth,			
	of agency official?	NO LITES	Yes If yes: Roth, Don, Executive Director Official's Name (Last, First)				
 3.	Recipients						
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual: • Use Section C to identi	fy 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		14	Recognize UC employees for their work			
	R Name of Individua	al .	Number of				
	Name of Individua (Last, First)		Ticket(s)/ Pass(es)		ng:		
				Ceremonial Role If checking "Ceremoni	Other I	Income	
				Ceremonial Role	Other I	Income	
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
4.	Verification						
₹.	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Signature of Agency Head or Designee		Don Ro		Executive Director	04/06/2016 (Month, Day, Year)	
	Comment. Up to 2 tickets pe	er employee					

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1.	Agency Name		Date Stamp California Q02				
	University of California, Davis					Form OUZ	
	Division, Department, or Region	ı (If Applicable)			For Official Use Only	
	Robert and Margrit Mondavi C	enter for the	e Performing	a Arts			
	Designated Agency Contact (Na						
	Jessica Miller			1	Amondment (Must an		
	Area Code/Phone Number E	-mail			Date of Original Filing: 04/06/2016 (Month. Day, Year)		
	530-754-4434 je	esmiller@ud	davis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Informa	ation				175.00	
	Does the agency have a ticket p	=	Yes 🗵 No	_	f Each Ticket/Pass \$	175.00	
	Event Description Renee Flemi	ing rovide Title/Expl	anation	Date(s)03		03 , 02 , 16	
	Ticket(s)/Pass(es) provided by a	gency?	Yes⊠ No∣	☐ If no:	Name of Sou	urce	
	Was ticket distribution made at t	he behest	No ☐ Yes	Roth.	Don, Executive Direct		
	of agency official?	ne benest	No 🔲 Yes	If yes:	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency's	department or	al. • Use Section C to identi	ify 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		23	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income	
	Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	the public purpose made pursuant to the agency's policy		
4.	Verification I have read and understand FPPC Regulation	one 18944 1 and	118942 have vo	nified that the distribution set for	orth above is in accordance with	the requirements	
	M	ліз 10944, I and	Don Ro		Executive Director	04/06/2016	
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets per	employee					

1.	Agency Name		Date Stamp California 802						
	University of California, Davi	S				Form 002			
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only			
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts					
	Designated Agency Contact (Name, Title)							
	Jessica Miller				□ A				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3,) 04/06/2016				
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	nation				40.00			
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	40.00			
	Event Description Tripletts of	Belville Provide Title/Exp	lanation	Date(s)03	, 04 , 16	03 , 04 , 16			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	o If no:					
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If you. Roth,					
	of agency official?		140 🖂 163	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 Sec	ction B to identify an individu	al. • Use Section C to identi	fy 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		33	Recognize UC employees for their work					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	<u> </u>			
				Ceremonial Role If checking "Ceremoni	☐ Other ☐ ial Role" or "Other" describe below:	Income			
				Ceremonial Role If checking "Ceremoni	Other I	Income			
	Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	Verification								
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.			
	Signature of Agency Head or Designee		Don Ro		Executive Director	04/06/2016 (Month, Day, Year)			
	Comment: Up to 2 tickets pe	r employee	i ini ndni	-	THE	(Month, Day, Tear)			

1	Agency Name		Date Stamp California On 2					
	University of California, Dav	is				Form 802		
	Division, Department, or Regi		9)		1	For Official Use Only		
	Robert and Margrit Mondavi	Center for th	a Parformina	n Δrte				
	Designated Agency Contact (ie i eriomini	y Alto	-			
	Jessica Miller				Amendan (m)			
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3,) 04/06/2016			
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing: 04/06/2016 (Month, Day, Year)			
2.	Function or Event Inform	nation			*	450.00		
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	150.00		
	Event Description Academy of	of St Martin Provide Title/Exp	lanation	Date(s)	, 05 , 16	03 , 05 , 16		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:				
	Marchael P. Ch. Commission	(() - () - () - (Name of So			
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	If yes: Kotii,	Don, Executive Direc	Last, First)		
_								
ა.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to iden	tify 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		6	Recognize UC employees for their work				
		ē.						
	Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role If checking "Ceremoni	Other island of the control of the c	Income		
	-			Ceremonial Role		Income 🗌		
				If checking "Ceremoni	ial Role" or "Olher" describe below:			
	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		
		_						
4.	Verification	elione 18044 1 on	d 18042 hove ve	stified that the distribution set for	orth shove is in accordance wi	th the requirements		
	M	auons 10944.1 ani 	Don Ro	oth	Executive Director	04/06/2016		
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)		
	Comment: Up to 2 tickets pe	r employee						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802			
	University of California, Dav					Form OUZ For Official Use Only	
	Division, Department, or Regi	on (If Applicable	9)			For Official Ose Office	
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts			
	Designated Agency Contact (Name, Title)					
	Jessica Miller				Amendment (Must provide explanation in Parl 3.)		
	Area Code/Phone Number	E-mail				04/06/2016	
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform					75.00	
	Does the agency have a ticket	-	Yes 🗵 No	—	f Each Ticket/Pass \$	75.00	
	Event Description Alexander	String Quarte Provide Title/Expl	et anation	Date(s)03	, 06 , 16	03 , 06 , 16	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Soi	Irca	
	Was ticket distribution made a	t the heheet	N- D V	Roth	Don, Executive Direct		
	of agency official?	t the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)	
3	Recipients						
٠.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to ident	ify 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		2	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi		
				Ceremonial Role If checking "Ceremoni	∐ Other ∐ al Role" or "Other" describe below:	Income L	
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
	Verification	oliono 19044 4	118042 have	noticed that the distribution LE	orth chous to in accordance with	h the requirements	
	I have read and understand FPPC Regul	anons 18944,1 and	Don Ro	th	Executive Director	04/06/2016	
	Signature of Agency Head or Designee Comment: Up to 2 tickets pe	r employee	Print Nam	е	Tille	(Month, Day, Year)	

_							
1.	Agency Name		Date Stamp California 802				
	University of California, Dav					Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable	9)			1 of Official OSC Offin	
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts			
	Designated Agency Contact (Name, Title)			i		
	Jessica Miller				D Amanduant (15.1		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			``	20.00	
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	32.00	
	Event Description Pablo Zieg	ler		Date(s) 03	15 , 16	03 , 15 , 16	
	2 Volta Decomption	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of So		
			_	Roth			
	Was ticket distribution made a of agency official?	t the benest	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 Ser	ction B to identify an individu	sal • Use Section C to iden	tify an outside organization	
	A. Name of Agency, Departme		Number of				
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Mondavi Center Staff		6	Recognize UC emp	oloyees for their work	ox.	
	Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role If checking "Ceremoni	Other I ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremoni	Other island Role" or "Other" describe below:	Income	
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification	alions 18944.1 anc	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	th the requirements.	
	M	Don Ro	oth	Executive Director	04/06/2016		
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets pe	r employee					
	Comment: '						

Α	Pu	bli	C	Docun	nent

1.	Agency Name		Date Stamp	California 802			
	University of California, Dav	s				Form UUZ	
	Division, Department, or Regi	on (If Applicable	·)			For Official Use Only	
	Robert and Margrit Mondavi	Center for the	e Performing	g Arts			
	Designated Agency Contact (Name, Title)					
	Jessica Miller						
	Area Code/Phone Number	E-mail			Amendment (Must pr	· · · · · ·	
	530-754-4434	jesmiller@ud	cdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	nation				54.00	
	Does the agency have a ticke		Yes⊠ No	_	f Each Ticket/Pass \$ _	51.00	
	Event Description Igudesmar	and Joo		Date(s)03	, 16 , 16	03 , 16 , 16	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:,	Name of Sou	ICCE	
	Was ticket distribution made a	t the hehest	No ☐ Yes	Roth.	Don, Executive Direct		
	of agency official?	t the beliest	No ☐ res	☑ If yes:	Official's Name (L	ast, First)	
3.	Recipients						
•	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to ident	ify 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		22	Recognize UC employees for their work			
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role If checking "Ceremoni	Other I ial Role" or "Other" describe below:	Income	
				Ceremonial Role	Other I	Income	
	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 policy		
4.	Verification	oliono 19011 1 :	110010 15000	adfied that the distribution 15	adh ahara ia in assaulas a sitt	h the requirement	
	I have read and understand FPPC Regul	auons 18944.1 and	Don Ro		Executive Director	04/06/2016	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets pe	r employee					

1.	Agency Name		Date Stamp	California 802			
	University of California, Dav	is				Form 002	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Robert and Margrit Mondavi	Center for the	e Performing	g Arts			
	Designated Agency Contact (Name, Title)					
	Jessica Miller				Amondment (Must p	rovide explanation in Part 3,)	
	Area Code/Phone Number	E-mail			l —		
	530-754-4434	jesmiller@ud	davis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			*	40.00	
	Does the agency have a ticker		Yes 🗵 No	_	f Each Ticket/Pass \$	49.00	
	Event Description Altan & Lu	nasa Provide Title/Expla	anation	Date(s)03	, 17 , 16	03 , 17 , 16	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	urce	
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If you. Roth,	Don, Executive Direct		
	of agency official?		140 □ 162	Official's Name (Last, First)			
3.	Recipients						
	Use Section A to identify the agency	/'s department or u	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to ident	tify 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		28	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:	
		5	1 233(63)	Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income	
		₹	-	Ceremonial Role	Other island of the other	Income	
	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	
	***************************************					>	
4.	Verification I have read and understand FPPC Regu.	lations 18944.1 and	18942. I have ve	I	orth above, is in accordance wit	h the requirements.	
			Don Ro	oth	Executive Director	04/06/2016	
	Signature of Agency Head or Designee Up to 2 tickets pe	er emplovee	Print Narr	ne	Tille	(Month, Day, Year)	
	Comment: Op to 2 tlokete pe						

1.	Agency Name		Date Stamp California 802				
	University of California, Dav	s				Form 002	
	Division, Department, or Regi	on (If Applicable	9)			For Official Use Only	
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts			
	Designated Agency Contact (-		
	Jessica Miller				Amendment (Must pr	rouide evalenation in Part 3.)	
	Area Code/Phone Number	E-mail			· · ·		
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				50.00	
	Does the agency have a ticket	-	Yes⊠ No	_	of Each Ticket/Pass \$	50.00	
	Event Description YAC Pack	age Provide Title/Expl	anation	Date(s)03	18 , 16	03 , 20 , 16	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	irce	
	Was ticket distribution made a	t the beheet	м П у	Roth.			
	of agency official?	t the benest	No ☐ Yes	If yes: Roth, Don, Executive Director Official's Name (Last, First)			
~	Recipients						
٠.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify 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		6	Recognize UC employees for their work			
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following of the following of the Identify of the Identified of	ng:	
	5	Á		Ceremonial Role If checking "Ceremon	☐ Other ☐ lal Role" or "Other" describe below:	Income 🗌	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification		140040 //				
	I have read and understand FPPC Regul	auviis 10544,1 ANC					
	Signature of Agency Head or Designee		Don Ro		Executive Director	04/06/2016 (Month, Day, Year)	
	N22					,	
	Comment: Up to 2 tickets pe	r employee					

1.	Agency Name University of California, Davi		Date Stamp	California 802			
	Division, Department, or Regi		·)		8	For Official Use Only	
	Robert and Margrit Mondavi Designated Agency Contact (e Performing	g Arts			
	Jessica Miller						
		E-mail			Amendment (Must provide explanation in Part 3,)		
	530-754-4434	jesmiller@ud	davis.edu		Date of Original Filing: 04/06/2016 (Month, Day, Year)		
2 .	Function or Event Inform	nation			h.		
	Does the agency have a ticket	policy?	Yes⊠ No	_	f Each Ticket/Pass \$	85.00	
	Event Description SF Sympho	ony E.T. Provide Title/Expl	anation	Date(s)03	, 24 , 16	03 , 24 , 16	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	rce *	
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Roth,	Don, Executive Direct	or	
	of agency official?		_		Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		39	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	00	
	(Last, First)		Pass(es)				
				Ceremonial Role If checking "Ceremoni	Other I	Income 🗌	
				Ceremonial Role If checking "Ceremoni	Other I	Income 🗌	
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	scribe the public purpose made pursuant to the agency's policy		
4.	Verification						
	I have read and understand FPPC Regul	ations 18944.1 and	Don Ro	oth	Executive Director	04/06/2016	
	Signature of Agency Head or Designee Up to 2 tickets pe	r emplovee	Title	(Month, Day, Year)			

1.	Agency Name University of California, Davis	Date Stamp California Form 802					
	Division, Department, or Region (If Applicate Robert and Margrit Mondavi Center for	050	a Arts		For Official Use Only		
	Designated Agency Contact (Name, Title)		9,440				
	Jessica Miller			Amendment (Must pro	ovide explanation in Part 3)		
	Area Code/Phone Number E-mail iesmiller@	ucdavis.edu		Date of Original Filing: 04/06/2016			
-	Function or Event Information	ucdavis.edu		J v	(Month, Day, Year)		
ے.	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	32.00		
	Event Description Curtis on Tour Provide Title/Ex		_	03 , 26 , 16			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Soul	rce		
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Roth,	Don, Executive Director Official's Name (La	or ist, First) iy an outside organization.		
3.	Recipients						
	Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency and a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are also become a section A to identify the agency are als	Number of	ction B to identify an individu	vidual. • Use Section C to identify an outside organization.			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff	3	Recognize UC emp	oloyees for their work			
	Name of Individual	Number of Ticket(s)/	*	Identify one of the followin	ia:		
	(Last, First)	Pass(es)		Identify one of the following: Other Income Income			
			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income L		
			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
	₽						
_	Verification						
4.	VERIFICATION I have read and understand FPPC Regulations 18944.1 a	nd 18942, I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Signature of Agency Head or Designee	Don Ro		Executive Director	04/06/2016 (Month, Day, Year)		
	Comment: Up to 2 tickets per employee		, -, -, -, -, -, -, -, -, -, -, -, -, -,				

1.	Agency Name				Date Stamp	California 802		
	University of California, Dav					Form For Official Use Only		
	Division, Department, or Reg	on (If Applicable)			1 or official odd offiny		
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts				
	Designated Agency Contact (Name, Title)						
	Jessica Miller				Amendment (Must p.	rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail			Date of Original Filing:	· · · · · · · · · · · · · · · · · · ·			
_	530-754-4434		davis.edu		Date of Original Filling:	(Month, Day, Year)		
2. Function or Event Information				— Face Value o	f Fach Tistes/Dasa A	61.00		
	Does the agency have a ticke		Yes⊠ No	_	f Each Ticket/Pass \$			
	Event Description Patty Griffi	n Provide Title/Expl	anation	Date(s)03	<u>, 30 , 16 </u>			
	Ticket(s)/Pass(es) provided by		Yes⊠ No	□ If no:				
	Ticket(s)/T des(es) provided by	, agency:	Tes 🔼 INO		Name of So			
	Was ticket distribution made a	t the behest	No ☐ Yes	✓ If yes: Roth,	Don, Executive Direct	tor		
	of agency official?				Official's Name (L	.ast, First)		
3.	Recipients							
			Number of					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the publ	ribe the public purpose made pursuant to the agency's policy			
	Mondavi Center Staff		16	Recognize UC emp	loyees for their work			
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ir work the following:		
			1 255(65)	Ceremonial Role If checking "Ceremoni	Other describe below:	Income		
	1			Ceremonial Role [Other al Role" or "Other" describe below:	Income 🔲		
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy		
	Verification	ofiono 18044 4 c==	100/0 / hours	rified that the distribution == 1.5-	orth about in in secondary	b the requirements		
	I have read and understand FPPC Regul	auuns 10944.1 and				·		
	Signature of Agency Head or Designee		Don Ro		Executive Director	04/06/2016 (Month, Day, Year)		
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		(
	Comment: Up to 2 tickets pe	r employee						

1	Agency Name				Date Stamp	California OOO	
•	University of California, Dav	ic			Bato otamp	Form 802	
	Division, Department, or Regi)			For Official Use Only	
	Debort and Margrit Mandavi	Contar for th	o Dorformina	a Arta			
	Robert and Margrit Mondavi Designated Agency Contact (e Penomini	g Arts			
	Jessica Miller						
	Area Code/Phone Number	E-mail				· · · · · ·	
	530-754-4434	jesmiller@ud	davis.edu		Date of Original Filing: 04/06/2016 (Month. Day, Year)		
2.	Function or Event Inform	nation					
	Does the agency have a ticket	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	32.00	
	Event Description Third Coas	st Percussion Provide Title/Expl	anation	Date(s)03	<u>, 31 , 16</u>	04 , 02 , 16	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Amendment (Must provide explanation in Part 3.) Date of Original Filing: O4/06/2016 (Month, Day, Year) Each Ticket/Pass \$ 32.00 / 31 / 16 04 02 16 Name of Source Don, Executive Director Official's Name (Last, First) I. • Use Section C to Identify an outside organization. c purpose made pursuant to the agency's policy Dyees for their work Identify one of the following: Other		
	Was ticket distribution made a	t the beheet	🗆 🗸	Roth			
	of agency official?	t the benest	No ☐ Yes	If yes:	Official's Name (L	Form For Official Use Only For Official Use Only For Official Use Only For Official Use Only Part 3.) Manal Filing: Month, Day, Year) Pass \$ 32.00 16 04 02 16 Name of Source Very Director V	
3.	Recipients						
	•	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy 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 emp	loyees for their work		
	Name of Individua	1	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni			
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Olher" describe below:	Income 🔲	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	es for their work Intify one of the following: Income	
				ä			
	Verification						
	I have read and understand FPPC Regul	alions 18944.1 and				the requirements.	
	Signature of Agency Head or Designee		Don Ro				
			rint iyam	ı c	ı me	(імопіп, ⊍ау, Үеаг)	
	Comment: Up to 2 tickets pe	r employee					

1.	Agency Name			Date Stamp	California 802		
	University of California, Davis				Form OUZ		
	Division, Department, or Region (If Applicable)			For Official Use Only		
	Robert and Margrit Mondavi Center for the	e Performine	g Arts				
	Designated Agency Contact (Name, Title)						
	Jessica Miller				L		
	Area Code/Phone Number E-mail			Amendment (Must pro			
	530-754-4434 jesmiller@ud	davis.edu		Date of Original Filing:	04/06/2016 (Month, Day, Year)		
2.	Function or Event Information		(
	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	86.00		
	Front Description NY Chamber Soloist			, 02 , 16	04 , 02 , 16		
	Event Description NY Chamber Soloist Provide Title/Expla	anation	Date(s)				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Sou	rca		
	Was ticket distribution made at the behest						
	of agency official?	No ☐ Yes	If yes:	If yes: Roth, Don, Executive Director Official's Name (Last, First)			
3.	Recipients						
- •	Use Section A to identify the agency's department or to	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy		
	Mondavi Center Staff	14	Recognize UC emp	gnize UC employees for their work			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:		
	^ :	Pass(es)		Other Gal Role" or "Other" describe below:	Income		
				Other al Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to the agency's policy			
			11	0 11			
١.	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	edified that the distribution set for	orth above is in accordance with	the requirements		
	Thave read and processed of FFO Regulations 10944,1 and	Don Ro		Executive Director	04/06/2016		
	Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)		
	Opposed: Up to 2 tickets per employee						
	Comment: Op to 2 tickets per employee						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						=			
1.	Agency Name				Date Stamp	California 202			
	University of California, Dav	is				Form OUZ			
	Division, Department, or Reg	on (If Applicabl	le)			For Official Use Only			
	Robert and Margrit Mondavi Designated Agency Contact (ne Performing	g Arts					
	Designated Agency Contact (ivame, ride)				*			
	Jessica Miller		Amendment (Must pr	ovide explanation in Part 3.)					
	Area Code/Phone Number E-mail					04/06/2016			
	Johnmon Waddavid. dad				Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information	mation				40.00			
	Does the agency have a ticke	t policy?	Yes 🛛 No	_	f Each Ticket/Pass \$	40.00			
	Event Description Triplets of	Bellville Provide Title/Exp	planation	Date(s)03	, 04 , 16	03 , 04 , 16			
	Ticket(s)/Pass(es) provided by		Yes⊠ No	☐ If no:					
				1177- 1-111	Name of Sou				
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	If yes: Roth,	Don, Executive Direct	or ast First			
	or agency official?				Official's Name (Last, First)				
3.	Recipients								
	Use Section A to identify the agency		Number of	ction B to identify an individu	ial. • Use Section C to ident	ity an outside organization.			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy					
	Mondavi Center Volunteer Ushers		123	Recognize volunteers for their work					
	B. Name of Individua	Number of Ticket(s)/		Identify one of the followi	na:				
	(Last, First)		Pass(es)						
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🗌			
				Ceremonial Role	Other I lail Role" or "Other" describe below:	Income			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
				>		,			
	Verification I have read and understand FPPC Regu	lations 18944.1 an	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.			
	M		Don Ro		Executive Director	04/06/2016			
	Signature of Agency Head or Designee		Print Nam	е	Tille	(Month, Day, Year)			
	Comment: Up to 2 tickets pe	er volunteer							

	D	1. 1	•	n -			4
А	Pu	IOI	IC	Do	cu	me	Pηt

1.	Agency Name University of California, Davis				Date Stamp California Form Form			
	Division, Department, or Region (If	ANTERIOR - 3-2-2004				For Official Use Only		
	Robert and Margrit Mondavi Centrological Designated Agency Contact (Name,		Performing	Arts	si			
	Jessica Miller				Amendment (Must be	rovide explanation in Part 3.)		
	Area Code/Phone Number E-ma 530-754-4434 jesn	iil niller@ucc	davis.edu	36	Date of Original Filing: 04/18/2016			
2.	Function or Event Information	on				60.00		
	Does the agency have a ticket police	;y? \	Yes⊠ Nol	_	of Each Ticket/Pass \$			
	Event Description Tina Packer Providence Providence	de Title/Explar	nation	Date(s)04		04,_10,_16		
	Ticket(s)/Pass(es) provided by age	ncy?	Yes⊠ No[If no:	Name of Soc	urce		
	Was ticket distribution made at the	behest	No ☐ Yes [If yes: Roth,	Don, Executive Direct	ket/Pass \$ 60.00 16		
	of agency official?			,	Official's Name (L	Form For Official Use Only Provide explanation in Part 3.) 104/18/2016 (Month, Day, Year) 60.00 04		
3.	Recipients							
		nit. • Use Sec	tion B to identify an individu	ial. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit Mondavi Center Staff		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy			
			20	Recognize UC employees for their work				
	B. Name of Individual		Number of		Interesting and a feet to the feet to the second			
	(Last, First)		Ticket(s)/ Pass(es)		identity one of the followi	ng:		
					Other Intermedial Role" or "Other" describe below:	Income		
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income		
	Name of Outside Organization (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	Income In		
	12 20							
			٥		6			
4.	Verification							
	I have read and understand FPPC Regulations	18944.1 and 1	18942. I have ve Don Ro		orth above, is in accordance wit Executive Director			
	Signature of Agency Head or Designee	N 	Print Name		Tille	(Month, Day, Year)		
	Comment: Up to 2 tickets per em	ployee						

1.	Agency Name			Date Stamp	California 802	
	University of California, Davis					
	Division, Department, or Region (If Applicable)			For Official Ose Offiy	
	Robert and Margrit Mondavi Center for the	e Performing	g Arts		Form For Official Use Only mendment (Must provide explanation in Part 3.) of Original Filing: 04/18/2016 (Month, Day, Year) Ticket/Pass \$ 45.00 7	
	Designated Agency Contact (Name, Title)					
	Jessica Miller			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mail			l —		
_	530-754-4434 jesmiller@uc	davis.edu		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				45.00	
	Does the agency have a ticket policy?	Yes 🛛 No	_		40.00	
	Event description Date(s)					
	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce	
	Was ticket distribution made at the behest	No ☐ Yes	If yes. Roth,	Don, Executive Directo	or	
	of agency official?	140 🗀 103	11 yes	Official's Name (La	ast, First)	
- 3.	Recipients					
	Use Section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency's department or control of the section A to identify the agency and the agency and the section A to identify the agency and the section A to identify the agency and the agen	-	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant to the agency's policy		
	Mondavi Center Volunteer Ushers	105	Recognize voluntee	ze volunteers for their work		
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Each Ticket/Pass \$		
			Ceremonial Role	Other I	Income 🔲	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
4.	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
		Don Ro	oth	Executive Director	04/18/2016	
	Signature of Agency Head or Designee	Print Nam			(Month, Day, Year)	
	Up to 2 tickets per volunteer					
	Comment: Op to 2 tickets per volunteer					

1.	Agency Name				Date Stamp	California 802		
	University of California, Dav	ris				Form OUZ		
	Division, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only		
	Robert and Margrit Mondavi	i Center for th	e Performing	g Arts				
	Designated Agency Contact							
	Jessica Miller				_	L		
	Area Code/Phone Number	E-mail						
	530-754-4434	jesmiller@u	cdavis.edu		Date of Original Filing: 04/18/2016 (Month, Day, Year)			
2.	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	45.00		
	Event Description globalFest			Date(s) 04	07 / 16	04 , 07 , 16		
	Event Description	Provide Title/Exp.	lanation	Date(3)		· · · · · · · · · · · · · · · · · · ·		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	N			
				— Roth		Form For Official Use Only Provide explanation in Part 3.) 04/18/2016 (Month, Day, Year) 45.00 04 07 16 Urce tor Last, First) tify an outside organization. to the agency's policy Income		
	Was ticket distribution made a of agency official?	at the benest	No ☐ Yes	⊠ If yes: Nour,	Don, Executive Director Official's Name (Last, First)			
_								
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departmen	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Mondavi Center Staff		15	Recognize UC emp	ployees for their work			
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	O4 , 07 , 16 me of Source Director Name (Last, First) to identify an outside organization. ursuant to the agency's policy work e following: Income Income		
				Ceremonial Role If checking "Ceremon	Other I lal Role" or "Other" describe below:	Income		
				Ceremonial Role If checking "Ceremon	Other lal Role" or "Other" describe below:	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	☐ Income ☐		
-	Verification							
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.		
	AN		Don Ro	th	Executive Director	04/18/2016		
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)		
	Comment: Up to 2 tickets pe	er emplovee						
	Comment:	= 1.14p./= y = 4						