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

1. Agency Name
   University of California, Davis
   Robert and Margrit Mondavi Center for the Performing Arts
   One Shields Avenue
   Amy Roark
   Area Code/Phone Number: 530-754-4435
   E-mail: alroark@ucdavis.edu

2. Function, Event, or Ceremonial Role Information
   Title: Staff Comp Program
   Description: Camille A Brown & Dancers
   Face Value of Each Admission: $49
   Date(s): 12/01/18 12/01/18
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐
   Official's Name (Last, First) and Title: Don Roth, Executive Director
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>33</td>
<td>Yes ☑</td>
<td>□</td>
</tr>
<tr>
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<td></td>
<td>No ☐</td>
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<td>Yes ☑</td>
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<td>Yes ☑</td>
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<td>Yes ☑</td>
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<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: [Signature]  Print Name: Don Roth  Title: Executive Director
   Date: 12/18/18

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   University of California, Davis
   Division, Department, or Region (if applicable)
   Robert and Margrit Mondavi Center for the Performing Arts
   Street Address
   One Shields Avenue
   Designated Agency Contact (Name, Title)
   Amy Roark
   Area Code/Phone Number
   530-754-4435
   E-mail
   aroark@ucdavis.edu

   Date Stamp
   California Form 802
   For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title
   Staff Comp Program
   Face Value of Each Admission $ 55
   Description
   Alexander String Quartet, evenin
   Date(s) 12 / 02 / 18
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: __________________________
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Don Roth, Executive Director
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
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<td>Yes ☐ No ☐</td>
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   Don Roth
   Print Name
   Executive Director
   12/18/18
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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One Shields Avenue
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Amy Roark
Area Code/Phone Number    E-mail
530-754-4435    alroark@ucdavis.edu

Date Stamp

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: 12/18/18
(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title  Staff Comp Program
Face Value of Each Admission $ 79
Description  Alexander String Quartet, matinee
Date(s)  12/02/18  12/02/18

Ticket(s)/Admission(s) provided by agency?  Yes ☐ No ☐ If no: 

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☐ If yes:  Don Roth, Executive Director
Official’s Name (Last, First) and Title

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<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Recognizing UC employees for their work</td>
<td></td>
<td>Income</td>
</tr>
</tbody>
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Signature of Agency Head or Designee  Don Roth  Executive Director
Print Name
Title    12/18/18
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Ceremonial Role Events and
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   Date Stamp
   California Form 802
   Date of Original Filing: 12/18/18

2. Function, Event, or Ceremonial Role Information
   Title: Staff Comp Program
   Description: Boston Brass
   Face Value of Each Admission: $55
   Date(s): 12/16/18
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no: ________________________
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ]
   If yes: Don Roth, Executive Director
   Official’s Name (Last, First) and Title
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   Print Name

   Title

   Executive Director

   Date: 12/18/18

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)