

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
University of California, Davis Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title) Jessica Miller		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number 530-754-4434	E-mail jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>49.00</u>
Event Description <u>Matt Taibbi</u>	Provide Title/Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: _____ Name of Source _____
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: <u>Roth, Don, Executive Director</u> Official'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 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	14	Recognize UC employees for their work		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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University of California, Davis		For Official Use Only	
Division, Department, or Region (If Applicable)			
Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title)			
Jessica Miller			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
530-754-4434	jesmiller@ucdavis.edu	Date of Original Filing: 2/29/2016 (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 51.00
Event Description	Cameron Carpenter <small>Provide Title/Explanation</small>	Date(s) 02 / 10 / 16 02 / 10 / 16
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: Roth, Don, Executive Director <small>Official's Name (Last, First)</small>

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 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)	Number of Ticket(s)/Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/>	Income <input type="checkbox"/>	<small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/>	Income <input type="checkbox"/>	<small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

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Division, Department, or Region (If Applicable)			
Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title)			
Sarah Herrera			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
530-754-4435	smherrera@ucdavis.edu	Date of Original Filing: <u>02/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Face Value of Each Ticket/Pass \$ <u>51.00</u>
Event Description	<u>Cameron Carpenter</u> <small>Provide Title/Explanation</small>	Date(s) <u>02 / 10 / 16</u> <u>02 / 10 / 16</u>
Ticket(s)/Pass(es) provided by agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes: <u>Roth, Don, Executive Director</u> <small>Official's Name (Last, First)</small>

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 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 Volunteer Ushers	61	Recognize volunteers for their work		
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>		
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

1/21/2016

(Month, Day, Year)

Comment: Up to 2 tickets per volunteer

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Division, Department, or Region (If Applicable)			
Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title)			
Jessica Miller			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-754-4434	jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 79.00

Event Description Philharmonia Baroque Orchestra Date(s) 02 / 12 / 16 02 / 12 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? 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 Section B to identify an individual. • Use Section C to identify 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	20	Recognize UC employees for their work		
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

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Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title)			
Sarah Herrera			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-754-4435	smherrera@ucdavis.edu	Date of Original Filing: <u>02/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Face Value of Each Ticket/Pass \$ <u>79.00</u>
Event Description	<u>Philharmonia Baroque Orchestra</u> <i>Provide Title/Explanation</i>	
Ticket(s)/Pass(es) provided by agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no: _____ <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes: <u>Roth, Don, Executive Director</u> <i>Official's Name (Last, First)</i>

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 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 Volunteer Ushers	132	Recognize volunteers for their work		
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

1/21/2016

(Month, Day, Year)

Comment: Up to 2 tickets per volunteer

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Division, Department, or Region (If Applicable)			
Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title)			
Jessica Miller			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-754-4434	jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>32.00</u>
Event Description <u>Lara Downes</u> <small>Provide Title/Explanation</small>	Date(s) <u>02 / 13 / 16</u> <u>02 / 14 / 16</u>	
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: <u>Roth, Don, Executive Director</u> <small>Official's Name (Last, First)</small>

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 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 Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy	

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

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1. Agency Name University of California, Davis		Date Stamp	California Form 802 For Official Use Only
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Designated Agency Contact (Name, Title) Jessica Miller		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 530-754-4434	E-mail jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 66.00

Event Description Lisa Fischer
Provide Title/Explanation Date(s) 02 / 14 / 16 02 / 14 / 16

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? 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 Section B to identify an individual. • Use Section C to identify 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	24	Recognize UC employees for their work	
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	Income <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	Income <input type="checkbox"/>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy	

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

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Designated Agency Contact (Name, Title)			
Sarah Herrera			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-754-4435	smherrera@ucdavis.edu	Date of Original Filing: <u>02/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>51.00</u>
Event Description	<u>Dave Douglas Quintet</u> <small>Provide Title/Explanation</small>	Date(s) <u>02 / 19 / 16</u> <u>02 / 19 / 16</u>
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: _____ <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: <u>Roth, Don, Executive Director</u> <small>Official's Name (Last, First)</small>

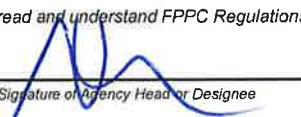
3. Recipients

• 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 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 Volunteer Ushers	126	Recognize volunteers for their work		
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>		
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee Print Name Don Roth Title Executive Director Date 1/21/2016
(Month, Day, Year)

Comment: Up to 2 tickets per volunteer

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1. Agency Name University of California, Davis		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts		For Official Use Only	
Designated Agency Contact (Name, Title) Jessica Miller		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 530-754-4434	E-mail jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 51.00

Event Description Dave Douglas Quintet
Provide Title/Explanation Date(s) 02 / 19 / 16 02 / 19 / 16

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

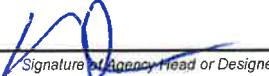
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Mondavi Center Staff	17	Recognize UC employees for their work		
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Don Roth
Print Name

Executive Director
Title

02/02/2016
(Month, Day, Year)

Comment: Up to 2 tickets per employee

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Designated Agency Contact (Name, Title)			
Jessica Miller			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
530-754-4434	jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>145.00</u>
Event Description	Russian National Orchestra <i>Provide Title/Explanation</i>	Date(s) <u>02 / 20 / 16</u> <u>02 / 20 / 16</u>
Ticket(s)/Pass(es) provided by agency?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: _____ <i>Name of Source</i>
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: <u>Roth, Don, Executive Director</u> <i>Official's Name (Last, First)</i>

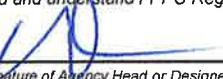
3. Recipients

• 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 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	17	Recognize UC employees for their work		
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(Include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

02/02/2016

(Month, Day, Year)

Comment: Up to 2 tickets per employee

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Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name University of California, Davis		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts		For Official Use Only	
Designated Agency Contact (Name, Title) Jessica Miller		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number 530-754-4434	E-mail jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45.00

Event Description Juan Siddi Flamenco
Provide Title/Explanation Date(s) 02 / 27 / 16 02 / 27 / 16

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Roth, Don, Executive Director
Official's Name (Last, First)

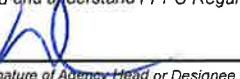
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit <i>(Last, First)</i>	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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
		Ceremonial Role <input type="checkbox"/>	Other <input type="checkbox"/>	Income <input type="checkbox"/>
		<i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Don Roth _____
Print Name _____

Executive Director _____
Title _____

02/02/2016 _____
(Month, Day, Year)

Comment: Up to 2 tickets per employee

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

A Public Document

1. Agency Name University of California, Davis		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Robert and Margrit Mondavi Center for the Performing Arts			
Designated Agency Contact (Name, Title) Jessica Miller		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 530-754-4434	E-mail jesmiller@ucdavis.edu	Date of Original Filing: <u>2/29/2016</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00

Event Description Story Pirates Provide Title/Explanation Date(s) 02 / 28 / 16 02 / 28 / 16

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____ Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Roth, Don, Executive Director Official's Name (Last, First)

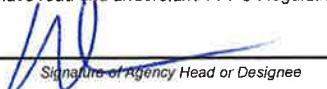
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify 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	10	Recognize UC employees for their work		
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:		
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>	Income <input type="checkbox"/>	
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.



Signature of Agency Head or Designee

Don Roth _____ Print Name _____

Executive Director _____ Title _____

02/02/2016 _____ (Month, Day, Year)

Comment: Up to 2 tickets per employee