4						
1.	Agency Name		Date Stamp California Q 1			
	University of California, Davi	is		Form OUZ		
	Division, Department, or Regi	on (If Applicabl	1	For Official Use Only		
	Robert and Margrit Mondavi	Center for th	ne Performino	a Arts		
	Designated Agency Contact (-		1	
	Rebekah Laibson					
	Area Code/Phone Number	E-mail				orovide explanation in Part 3.)
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filing:	3/13/2018
2.	Function or Event Inforr					(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	79.00
	_ •			_		
	Event Description Berlin Phill	Provide Title/Exp	lanation	Date(s)		2 , 7 , 18
	Ticket(s)/Pass(es) provided by			☐ If not		
	Ticket(s)/i ass(es) provided by	ayency:	Yes⊠ No	11110	Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Roth	Don, Executive Direct	ctor
	of agency official?			•	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Mondavi Center Employees			D		
			9	Recognize UC em	ployees for their work	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other Other describe below:	ving:
	B. Name of Individua		Number of Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow Other itial Role" or "Other" describe below:	
59	B. Name of Individua	ization	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the follow Other inial Role" or "Other" describe below:	Income
	B. Name of Individua (Last, First) C. Name of Outside Organi	ization cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the follow Other identify one of the follow Other Other identify or "Other" describe below: Other O	Income In
	B. Name of Individua (Last, First) C. Name of Outside Organi (include address and description)	ization cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the follow Other identify one of the follow Other Other identify or "Other" describe below: Other O	Income In

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

4						
1.	Agency Name		Date Stamp California 80			
	University of California, Dav	is		Form For Official Use Only		
	Division, Department, or Regi	ion (If Applicabl		For Official Use Only		
	Robert and Margrit Mondavi	Center for th	ne Performing	Arts		
	Designated Agency Contact (¥
	Rebekah Laibson					
	Area Code/Phone Number	E-mail			I —	rovide explanation in Part 3.)
	530-754-4448	rilaibson@เ	ucdavis.edu		Date of Original Filing:	3/13/2018 (Month, Day, Year)
2.	Function or Event Infor	mation				(monan, bay, rour)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	40.00
	Cudamani				, 24 , 18	2 , 24 , 18
	Event Description Cudamani	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ Nol	□ If no:	Name of Sc	
	, , , , , , , , , , , , , , , , , , ,	y agoney i	162 🖂 140 1			
	Was ticket distribution made a	at the behest	No 🗌 Yes	⊠ If yes: Roth,	Don, Executive Direct	tor
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency		r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Mondavi Center Employees			Recognize UC emp	oloyees for their work	(4)
	B. Name of Individua	ai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Orgar (include address and des	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	7					
	Verification I have read and understand FPPC Regu	ılations 18944 1 aı	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	ith the requirements.
	Alex .		Don Ro	th	Executive Director	3/13/2018

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	University of California, Dav			Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable,				
	Robert and Margrit Mondavi Designated Agency Contact (e Performing	Arts		
		rvame, mej				
	Rebekah Laibson	Te "			Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail rilaibson@ud	adavia adu		Date of Original Filing:	3/13/2018
_	530-754-4448		Juavis.euu			(Month, Day, Year)
2.	Function or Event Infor		v 🖾 v 1	□ Face Value (of Each Ticket/Pass \$ _	35.00
	Does the agency have a ticke		Yes⊠ No[_		
	Event Description Leyla McC	Provide Title/Expl	anation	Date(s)2	, 21 , 18	2 , 24 , 18
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[If no:	Name of S	ource
	Was ticket distribution made a	at the hehest	No ☐ Yes	Roth,	, Don, Executive Direc	ctor
	of agency official?	at the beneat	NO L 162	△ II yes	Official's Name	(Last, First)
 3.	Recipients					
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol		
	Mondavi Center Employees	27	Recognize UC em	ployees for their work		
	R Name of Individu	al	Number of			
	Name of Individu		Ticket(s)/ Pass(es)		Identify one of the follow	wing.
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income
	20			Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below	Income _
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
		10				
4.	. Verification I have read and understand FPPC Reg	nulations 18944.1 ar	nd 18942. I have v	erified that the distribution set	t forth above, is in accordance	with the requirements.
	Ala		Don Ro	oth	Executive Director	3/13/2018
	Signature of Agency Head or Designation	ee	Print Na	me —	Title	(Month, Day, Year)

Δ	Ρı	ıhl	ic	Do	CH	m	ont
\sim	гι	JUI	IL.	$\mathbf{D}\mathbf{U}$	u		CIII

1.	Agency Name				Date Stamp	California	802
	University of California, Dav					Form For Official U	Jse Only
	Division, Department, or Regi			,			
	Robert and Margrit Mondavi	Center for th	e Performing	g Arts			
	Designated Agency Contact (Name,Title)					1
	Rebekah Laibson				Amendment (Must p	provide explanation in	Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:		
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filling:	(Month, Day, Yea	r)
2.	Function or Event Infor						49.00
	Does the agency have a ticke	-	Yes 🗵 No		of Each Ticket/Pass \$		
	Event Description Bill Charla	p Trio Provide Title/Exp	lanation	Date(s)2	<u>, 9 , 18</u>	2 , 9	<u>/ 18</u>
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Si	OUTCE	
	Was ticket distribution made a	at the beheet		Roth.	Don, Executive Direc		
	of agency official?	at the beliest	No 🗌 Yes	IX If yes: Yes.	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, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			olicy
	Mondavi Center Employees		32	Recognize UC employees for their work			
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the follow		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 pul	blic purpose made pursuar	nt to the agency's p	olicy
	:						i i
4.	Verification					of the state of	
	I have read and understand FPPC Reg	ulations 18944.1 ar					2/2010
	Signature of Agency Head or Designe		Don Ro		Executive Director		3/2018 (h, Day, Year)
				15			
	Comment: Up to 2 tickets p	er 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 th	e Performing	Arts		
	Designated Agency Contact (Name, Title)			1	
	Rebekah Laibson				Amondment (tt)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			1 —	
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			9)	45.00
	Does the agency have a ticke		Yes 🗵 No [_	of Each Ticket/Pass \$_	*/
	Event Description Cirque Elo	ize Provide Title/Exp	lanation	Date(s)2	<u>, 11 , 18</u>	2 , 11 , 18
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[If no:	Name of S	
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes [⊠ If yes: Kotti,	, Don, Executive Direc	(Last, First)
_						
3.	Recipients • Use Section A to identify the agence	y's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		
	Mondavi Center Employees			Recognize UC em	ployees for their work	
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income :
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income :
	C. Name of Outside Organ (include address and de-		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
_	V 16: 4:					
4.	Verification I have read and understand FPPC Regulation	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance t	with the requirements.
	An a		Don Ro		Executive Director	
	Signature of Agency Head or Designe		Print Nam		Title	(Month, Day, Year)

4						
١.	Agency Name		Date Stamp California 80			
	University of California, Davis			Form OUZ		
	Division, Department, or Regio	n (If Applicable		For Official Use Only		
	Robert and Margrit Mondavi (Center for th	e Performing	Arts		
	Designated Agency Contact (N	ame,Title)			İ	
	Rebekah Laibson					1
	Area Code/Phone Number E	E-mail			1 —	provide explanation in Part 3.)
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	ation			li.	40.00
	Does the agency have a ticket	policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ _	40.00
	Event Description Cudamani			Date(s) 2	, 24 , 18	2 , 24 , 18
	Literal Bedonption	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	If no:	Name of S	
	Man tinket distribution mando at	4h a h a h a a 4				
	Was ticket distribution made at of agency official?	tne benest	No ☐ Yes	⊠ If yes: 10001	Don, Executive Dire	(Last, First)
 3.						
ა.	Recipients • Use Section A to identify the agency's	s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	nt to the agency's policy	
	Mondavi Center Ushers 94			Recognize volunteer ushers for their work		
	B. Name of Individual	Kellin milati	Number of Ticket(s)/	janoi a	Identify one of the follow	wing:
	(Lest, First)		Pass(es)	Ceremonial Role	Other	Income C
	(Last, First)			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income :
	(Last, First)			If checking "Ceremon Ceremonial Role	nial Role" or "Other" describe below	Income
	C. Name of Outside Organiz (include address and desc			If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below	Income
	(Last, First) C. Name of Outside Organiz		Pass(es) Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Olher" describe below Other	Income
4.	(Last, First) C. Name of Outside Organiz	ription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	ial Role" or "Other" describe below Other initial Role" or "Other" describe below Olic purpose made pursual	Income Income
4.	C. Name of Outside Organia (include address and desc	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul enfied that the distribution set	ial Role" or "Other" describe below Other initial Role" or "Other" describe below Olic purpose made pursual	Income Income

1. }	Agency Name University of California, Davis	6	Date Stamp	California 802				
	Division, Department, or Regio Robert and Margrit Mondavi (Designated Agency Contact (N	Center for th		ı Arts		For Official Use Only		
	Rebekah Laibson				Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail		8)	1 —			
	530-754-4448	rilaibson@u	cdavis.edu		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Inform	nation				79.00		
	Does the agency have a ticket	policy?	Yes⊠ No	_	of Each Ticket/Pass \$ _			
	Event Describtion	armonic Wir Provide Title/Exp		Date(s)2	7 , 18	2 , 7 , 18		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of S			
	Was ticket distribution made at of agency official?	the behest	No ☐ Yes	If yes: Kotti,	, Don, Executive Dire	(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, Departmen	0.8 h 1 1 1 1 1 1 1 1 1	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar			
	Mondavi Center Ushers	83	Recognize volunteer ushers for their work					
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow				
				Ceremonial Role If checking "Ceremon	Other nial Role" or "Other" describe below	Income		
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income C		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy		
	90							
	Verification I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance t	with the requirements.		
	MAL		Don Ro	oth	Executive Director	3/14/2018		
	Signature of Agency Head or Designee		Print Nan		Title	(Month, Day, Year)		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

U Di R D R A 5	Agency Name University of California, Davi Vision, Department, or Region Robert and Margrit Mondavi Vesignated Agency Contact (Facebekah Laibson Verea Code/Phone Number	on (If Applicable) Center for the		Arte	Date Stamp	For Official Use Only
R D R A 5	ivision, Department, or Region Robert and Margrit Mondavinesignated Agency Contact (In Rebekah Laibson Rea Code/Phone Number	on (If Applicable) Center for the		Arte		A SECURIO
R R A 5	Robert and Margrit Mondavi resignated Agency Contact (/ Rebekah Laibson rea Code/Phone Number	Center for the		Arte		Por Official Ose Offiy
R A 5	resignated Agency Contact (/ Rebekah Laibson rea Code/Phone Number		e Performing	Arto		
5 2. F	rea Code/Phone Number			Aits		
5 2. F	rea Code/Phone Number					
5 2. F	A SHADE X AND A SHIP STORY SHOULD SHO	E-mail			Amendment (Must pr	1111
2. F	530-754-4448 	rilaibson@ud	rdavis edu		Date of Original Filing:	3/13/2018
	Function or Event Inform					(Month, Day, Year)
U	oes the agency have a ticket		v 🖾 u l	□ Face Value o	of Each Ticket/Pass \$	45.00
		•	Yes⊠ No	_		
E	vent Description <u>Janet Mocl</u>	K Provide Title/Expl	anotion	Date(s)2		2 , 5 , 18
		Trovide Title/Expi				
Ti	icket(s)/Pass(es) provided by	agency?	Yes⊠ No	lf no:	Name of Sou	ırce
V	Vas ticket distribution made a	t the behest	No ☐ Yes		Don, Executive Direct	or
	of agency official?		140 🔲 1681	△ 11 yes	Official's Name (L	ast, First)
3. F	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
F	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
١	Mondavi Center Employees 17		17	Recognize UC emp	oloyees for their work	
E	Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
<u>-</u>	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-	1					
	Verification have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
	Alex		Don Ro	oth	Executive Director	3/13/2018
-	Signature of Agency Head or Designee		Print Narr		Title	(Month, Day, Year)