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

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1.	Agency Name				Date Stamp	California Q02	
	University of California, Davis					Form 002	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi Center for the Performing Arts						
	Designated Agency Contact (Name, Title)				-		
	Rebekah Laibson	inishemof barardi				81	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	530-754-4448	rilaibson@ເ	ıcdavis.edu		Date of Original Filing:	3/13/2018	
	Function or Event Inforr					(Month, Day, Year)	
	Does the agency have a ticket		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _	30.00	
	100 2 110 2						
	Event Description Lara Downes Date(s) Date(s)					1 , 20 , 18	
	Tiplest/s\/Daga/as\ = novided by						
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	lf no:	Name of Sc	ource	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Roth,				Don, Executive Direc	tor	
	of agency official?		100 103	△ 11 yes	Official's Name (Last, First)	
3.	Recipients						
6	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify 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		
i i	Mondavi Center Employees		3	Recognize UC employees for their work			
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below:	ing:	
				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🔲	
	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	N 10						
3	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.	
	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei Don Rot		orth above, is in accordance wit Executive Director	th the requirements. 3/13/18	

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

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1.	Agency Name				Date Stamp	California 802		
	University of California, Davis					For Official Use Only		
	Division, Department, or Region (If Applicable)					Tot Official OSC Office		
	Robert and Margrit Mondavi Center for the Performing Arts Designated Agency Contact (Name, Title)							
	Pohokah Laibean							
	Rebekah Laibson Area Code/Phone Number E-mail				☐ Amendment (Must provide explanation in Part 3,)			
	Area Code/Phone Number 530-754-4448	ucdavis.edu		Date of Original Filing: 3/13/2018 (Month. Day, Year)				
						(Month, Day, Year)		
	Function or Event Information				(F1 T-1-1/D A	49.00		
	0 7 100 2 110 2				e of Each Ticket/Pass \$			
	Event Description Circa- Il Ritorno Date(s) Date(s)				, 26 , 18	1 , 26 , 18		
	Ticket(s)/Pass(es) provided by agency? Yes [lf no:	Name of S	Source		
	Was ticket distribution made a	t the hehest	No ☐ Yes [Roth,	Don, Executive Dire			
	of agency official?	it the benest	No ☐ Yes [∆ If yes:	Official's Name	(Last, First)		
_	Desinients							
ა.		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	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
ä	Mondavi Center Employees		42	Recognize UC employees for their work				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Identify one of the follo	owing:		
	H 27			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income L		
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe belo			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	If checking "Ceremo	nial Role" or "Other" describe belo			
			Ticket(s)/	If checking "Ceremo	nial Role" or "Other" describe belo	w:		
4.		scription)	Ticket(s)/ Pass(es)	If checking "Ceremo	nial Role" or "Other" describe belo blic purpose made pursua	ant to the agency's policy		
4.	(include address and des	scription)	Ticket(s)/ Pass(es)	If checking "Ceremo Describe the pu enfied that the distribution set	nial Role" or "Other" describe belo blic purpose made pursua	ant to the agency's policy with the requirements.		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						TIT GENO BOOGHION	
1.	Agency Name				Date Stamp	California 802	
	University of California, Davis					Form 002	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi						
	Designated Agency Contact (Name,Title)					
	Rebekah Laibson	E-mail	Date of Original Filing: 3/13/2018 (Month, Day, Year)				
	Area Code/Phone Number						
	530-754-4448	rilaibson@uc	davis.edu		Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Infor	nation				125.00	
					of Each Ticket/Pass \$ _	125.00	
	Event Description Royal Philharmonic Orchestra Provide Title/Explanation Date:			Date(s)1	, 27 , 18	1 , 27 , 18	
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No [☐ If no:	Name of So		
				Deth			
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Koth,	Don, Executive Direc	/LUI	
	of agency official?				Oπiciai s ivame (Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or u	nit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	itify 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 Employees		15	Recognize UC emp	Recognize UC employees for their work		
	Name of Individua (Last, First)	al puri de la companya de la company	Number of Ticket(s)/ Pass(es)		Identify one of the follow Other nial Role" or "Other" describe below:	Income	
				= ,.			
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:	Income	
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy	
4.	Verification	ulationa 19041 1 - 1	19040 11	logified that the distribution is	forth about in in accordance	with the requirements	
	I have read and understand FPPC Regu	nauons 18944.1 and	Don Ro		Executive Director	3/13/2018	
	Signature of Agency Head or Designed		Print Nan	ne	Title	(Month, Day, Year)	
	Comment: Up to 2 tickets p	er employee					

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

1. Agency Name	Date Stamp California Form 802			
University of California, Davis Division, Department, or Region (If Application)		For Official Use Only		
Robert and Margrit Mondavi Center for Designated Agency Contact (Name, Title)				
Rebekah Laibson				
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)			
530-754-4448 rilaibson@		Date of Original Filing: 3/13/2018 (Month, Day, Year)		
2. Function or Event Information		45.00		
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of			-
Event Description CIRCA - Carnival of the Animals Date(s) Date(s)			, 28 , 18	
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:			Name of Sou	IFFA
Was ticket distribution made at the behest				
of agency official?	No ☐ Yes	☑ If yes:	Don, Executive Direct	ast, First)
3. Recipients				
Use Section A to identify the agency's department	Number of	ction B to identify an individ	ual. • Use Section C to ident	ify 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 Employees	23	Recognize UC employees for their work		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
		If checking "Ceremon	nial Role" or "Other" describe below:	Income
		If checking "Ceremoi	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
2				
4. Verification I have read and understand FPPC Regulations 18944.1.1.	and 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
No.	Don Ro		Executive Director	3/13/2018
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
Comment: Up to 2 tickets per employee	·			