A Public Document

1.	Agency Name	Date Stamp	California 802			
	University of California, Davis		Form UU2			
	Division, Department, or Region (If Applicable)		For Official Use Only			
	Robert and Margrit Mondavi Center for the					
	Designated Agency Contact (Name, Title)					
	Rebekah Laibson					
	Area Code/Phone Number E-mail		rovide explanation in Part 3.) 06/04/2018			
	530-754-4434 rilaibson@uc	davis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			4	450.00	
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	150.00			
	Event Description San Francisco Symphony	<u> </u>	052418			
	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No		Name of So		
	Was ticket distribution made at the behest					
	of agency official?	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 pub	olic purpose made pursuant to the agency's policy		
	Mondavi Center Staff	20	Recognize UC employees for their work			
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role If checking "Ceremor	Other describe below:	Income	
	1		Ceremonial Role	Other	Income	
				nial Role" or "Other" describe below:		
	C. Name of Outside Organization Num (include address and description) Page		Describe the put	blic purpose made pursuan	t to the agency's policy	
		Pass(es)			X	
4.	Verification There read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set	forth above. Is in accordance w	ith the requirements	
		Don Re		Executive Director	06/04/2018	

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1.	Agency Name University of California, Davis				Date Stamp	California 802 Form		
	Division, Department, or Regio			For Official Use Only				
	Robert and Margrit Mondavi Designated Agency Contact (A							
	Rebekah Laibson							
	Area Code/Phone Number E-mail					rovide explanation in Part 3.)		
	530-754-4434 rilaibson@ucdavis.edu				Date of Original Filing: (Month, Day, Year)			
2.	Function or Event Inform	nation			X	70.00		
	Does the agency have a ticket policy? Yes X No Face Value of				of Each Ticket/Pass \$	79.00		
	Event Description <u>New Century Chamber Orchestra</u> Date(s) <u>Osc</u>			<u>, 16 , 18</u>	05 , 16 , 18			
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:			Name of So				
				- Roth	Don, Executive Direc			
	Was ticket distribution made at the behest No			If yes: <u>Hour</u> ,	Official's Name (Last, First)		
3.								
Ŭ.		• 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 pub	lic purpose made pursuant	to the agency's policy		
	Mondavi Center Staff		12	Recognize UC employees for their work				
			Number of	- University				
	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role If checking "Coromor	Other describe below:	Income		
	<u>.</u>				Other	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy		
4.	Verification	ations 18944.1 an	d 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.		
	MIX		Don Ro	oth	Executive Director	06/04/2018		
	^V Signature of Agency Head or Designee Comment: Up to 2 tickets pe	er employee	Print Nan	ne 	110	(Month, Day, Year)		

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If checking "Ceremonial Role" or "Other" describe below: Oescribe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency is policy Describe the public purpose made pursuant to the agency is policy Describe the public purpose made pursuant to the agency is policy Describe the public purpose made pursuant to the agency is policy Describe the public purpose made pursuant to the agency is policy Describe the public purpose made pursua								
Othersity of Campatinent, or Region ((//Applicable)) Robert and Margrit Mondavi Center for the Performing Arts Designated Agency Contact (//arro, 7/life) Rebekah Laibson Area Code/Phone Number Signated Agency Contact (//arro, 7/life) Rebekah Laibson Area Code/Phone Number Signated Agency Contact (//arro, 7/life) Rebekah Laibson Does the agency have a ticket policy? Yes ID No Provide TBs/Explanation Does the agency have a ticket policy? Yes ID No Inclance Provide TBs/Explanation Ticket(5)/Pass(es) provided by agency? Yes ID No If no: Manual of Agency, Department or unit • Use Section B to identify an individual. • Use Section C to identify an auticide erganization. A. Name of Agency, Department or unit. • Use Section B to identify an individual. • Use Section C to identify an auticide erganization. A. Name of Agency, Department or unit. • Use Section B to identify an individual. • Use Section C to identify an auticide erganization. A. Name of Agency, Department or unit. • Use Section C to identify an auticide erganization. Income B. Name of Agency, Department or unit. <td< td=""><td>1.</td><td colspan="4" rowspan="2">- Contraction - Interactional</td><td>Date Stamp</td><td></td></td<>	1.	- Contraction - Interactional				Date Stamp		
Division, Department, or Region (#Applicable) Robert and Margrit Mondavi Center for the Performing Arts Designated Agency Contact (Norms 7:Ne) Rebekah Laibson Area Code/Phone Number E-mail S30-754-4434 Inibios on Cevent Information Does the agency have a ticket policy? Yes © No Provide The Explanation Provide The Explanation Date (s) 05 / 12 / 18 05 / 13 / 18 Provide The Explanation Tricket(s)/Pass(ss) provided by agency? Yes © No Provide The Explanation Tricket(s)/Pass(ss) provided by agency? Yes © No Inclusion and at the behest No Yes © Of agency official? Official? Recipients - Use Section 8 to identify an cutdide organization. A. Name of Agency, Department or Unit Number of Inclusion (Inclusion Cervanization) Section 8 to identify one of the following: Describe the public purpose made pursuant to the agency's policy Pass(ex) Describe the public purpose made pursuant to the agency's policy Mondavi Center Staff 4 C. Name of Dublice Organization Number of Inclusion								
Designated Agency Contact (Morre, Tille) Rebekinh Lalibison Area Code/Phone Number 530-754-4434 Traibloson@ucdavis.edu Date of Original Filling: 66/04/2018 2. Function or Event Information Doos the agency have a ticket policy? Yes © No □ Face Value of Each Ticket/Paces \$		Division, Department, or Regi	on (If Applicable		For Official Use Only			
Rebekah Labison Area Gode/Phone Number E-mail Date of Original Filing: 00004/2018 530-754-4434 irilaibson@ucdavis.edu Date of Original Filing: 00004/2018 Month: Day Yead 2 Function or Event Information Provide TableSplanation Face Value of Each Ticket/Pass \$		Robert and Margrit Mondavi	Center for the					
Area Code/Phone Number 530-754-4434 E-mail Implementation 2. Function or Event Information Does the agency have a ticket policy? Yes ID Face Value of Each Ticket/Pass \$		Designated Agency Contact (/	Vame, Title)	-				
Area Code/Phone Number 530-754-4434 E-mail Implementation 2. Function or Event Information Does the agency have a ticket policy? Yes ID Face Value of Each Ticket/Pass \$		Rebekah Laibson						
530-754-4434 rilaibson@ucdavis.edu Date of Original Filling:					Amendment (Must			
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$		530-754-4434	rilaibson@u	cdavis.edu		Date of Original Filing		
Does the agency have a tacket policy? Yes No Face Value of Each Hocket/Pass S Event Description inDance Date(s) 05 13 18 Event Description inDance Date(s) 05 13 18 Ticket(s)/Pass(es) provided by agency? Yes No If no:	2.	Function or Event Inform	nation					
Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no:		Does the agency have a ticket	policy?	of Each Ticket/Pass \$ _	30.00			
Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no:		Event Description inDance			5 , 12 , 18	05 , 13 , 18		
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 A to identify the agency's department or unit • Use Section A to identify the agency's department or unit • Use Section A to identify the agency's policy Pass(ca) Describe the public purpose made pursuant to the agency's policy Pass(ca) Mondavi Center Staff 4 Recognize UC employees for their work B. Name of Individual read, First) Number of Ticket(c)' Pass(ca) Identify one of the following: ••••••••••••••••••••••••••••••••••••		Event Description	Provide Title/Expl		•			
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 A to identify the agency's department or unit • Use Section A to identify the agency's department or unit • Use Section A to identify the agency's policy Pass(ca) Describe the public purpose made pursuant to the agency's policy Pass(ca) Mondavi Center Staff 4 Recognize UC employees for their work B. Name of Individual read, First) Number of Ticket(c)' Pass(ca) Identify one of the following: ••••••••••••••••••••••••••••••••••••		Ticket(s)/Pass(es) provided by	/ agency?	Yes 🕅 No	☐ If no:			
Official? Official?					 Both	Name of S	ource	
3. Recipients 3. Recipients Substrate Number of Treket(s)/ Pass(es) A Name of Agency, Department or Unit Name of Agency, Department or Unit Number of Treket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Mondavi Center Staff 4 Recognize UC employees for their work B. Name of individual gate, Provi Number of Treket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other Income Income If checking "Ceremonial Role Other Other Income			t the behest	No 🗌 Yes	If yes: Koth	Official's Name	(Last. First)	
- 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 Teket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Mondavi Center Staff 4 Recognize UC employees for their work B. Name of Individual Law, Frag Number of Ticket(s)' Pass(es) Identify one of the following: Ceremonial Role Other Income Income If checking 'Coeremonial Role' or 'Other' describe below: Income Income 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 Income Number of If checking 'Coeremonial Role' or 'Other' describe below: Income 4. Verification Income Number of If checking 'Coeremonial Role' or 'Other' describe below: Describe the public purpose made pursuant to the agency's policy 5. Don Roth Executive Director O6/04/2018 (Month, Day, Year) Up to 2 tickets per employee Drin Name Tife Month, Day, Year)	3.	•						
Pass(es) Recognize UC employees for their work A Recognize UC employees for their work B. Name of individual (set. Fred) Number of Trocket(s)! Identify one of the following: B. Name of individual (set. Fred) Number of Trocket(s)! Identify one of the following: Caremonial Role Other Income Income If checking "Caremonial Role" or "Other" describe below: Income Income C. Name of Outside Organization (include address and description) Number of Take(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Individual address and description Take (strocked balance) Other (strocked balance) Signature of Agency Head or Designe Park Take (strocked balance) Other (strocked balance) Signature of Agency Head or Designe Pint Name Take (strocked balance) Other (strocked balance) Up to 2 tickets per employee Pint Name Take (strocked balance) Other (strocked balance)		Number of			1			
4 A B. Name of Individual (Lest, Ferg) Number of Ticket(s) Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If che		A. Name of Agency, Department or Unit		Tienet(a)		nore bachose ware barsnaur to the adency's bolicy		
B. Name of Individual (Leef, Feed) Ticket(s)' Pass(es) Identify one of the following: Image: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income </td <td></td> <td colspan="2">Mondavi Center Staff</td> <td>4</td> <td>Recognize UC em</td> <td colspan="3">Recognize UC employees for their work</td>		Mondavi Center Staff		4	Recognize UC em	Recognize UC employees for their work		
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 Interference and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Jon Roth Executive Director 06/04/2018 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		B. Name of Individual (Løst, First)		Ticket(s)/		Other		
C. Name of Outside Organization (include address and description) 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 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Signature of Agency Head or Designee Don Roth Executive Director 06/04/2018 (Month, Day, Year) Up to 2 tickets per employee		x					Income 🗌	
Don Roth Executive Director 06/04/2018 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)				Ticket(s)/	Describe the pu	blic purpose made pursual	nt to the agency's policy	
Don Roth Executive Director 06/04/2018 Signalure of Agency Head or Designee Print Name Title (Month, Day, Year) Up to 2 tickets per employee	4.							
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		I have read and understand FPPC Regulations 18944.1 and 18942. I have verifie			erified that the distribution set	forth above, is in accordance v		
Up to 2 tickets per employee								
Commont. Up to 2 tickets per employee		Signature of Agency Head or Designee Print Name			Title	(Month, Day, Year)		
		Comment: Up to 2 tickets per employee						

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1.	Agency Name University of California, Davis				Date Stamp	California 802			
						Form OOZ For Official Use Only			
	Division, Department, or Reg	ion (If Applicable		For Onicial Ose Only					
	Robert and Margrit Mondav	i Center for th							
	Designated Agency Contact	Name, Title)	- 11						
	Rebekah Laibson								
	Area Code/Phone Number	E-mail	Amendment (Must p	provide explanation in Part 3.)					
	530-754-4434 rilaibson@ucdavis.edu				Date of Original Filing: <u>06/04/2018</u> (Month, Day, Year)				
2.	Function or Event Infor					(wonin, buy, reary			
	Does the agency have a ticke		Yes 🕅 No	□ Face Value o	of Each Ticket/Pass \$ _	49.00			
	Event Description Arturo O'Farrill Date(s) Date(s)				<u>5 11 18</u>	/			
	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no:				Name of Sc	ource			
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Roth,	Don, Executive Direc	tor			
	of agency official?		Official's Name (Last, First)						
3.	Recipients								
	Use Section A to identify the agence	• 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 pub	be the public purpose made pursuant to the agency's policy				
	Mondavi Center Volunteer Ushers		140	Recognize volunteers for their work					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	tion 1	Identify one of the follow	ving:			
			1 633(63)	Ceremonial Role	Other intermediate of the other	Income			
				Ceremonial Role If checking "Ceremor	Other - Other	Income			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy			
4.	Verification	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.			
	Signature of Agency Head or Designe	<u> </u>	Don Ro	oth	Executive Director	(Month, Day, Year)			
	Comment: Up to 2 tickets p		r michdi		1 110	(monu, eay, 100)			

A Public Document

						itt akno beeamont	
1.	Agency Name				Date Stamp	California 802	
	University of California, Davis					Form UUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi						
	Designated Agency Contact (Name, Title)					
	Rebekah Laibson		Amendment (Must	provide explanation in Part 3.)			
	Area Code/Phone Number E-mail				06/04/2018		
	530-754-4434	rilaibson@uo	davis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		75.00			
					of Each Ticket/Pass \$ _	75.00	
	Event Description Sasha Cooke, Jason Vieaux			Data(c) 05	Date(s) 05 18 05 18		
	Event Description Date(s)			Date(s)	/	//	
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:			[] If no:			
		, , ,			Name of So		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Roth	, Don, Executive Direc	ctor	
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agenc	y's department or	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to the agency's policy		
	Mondavi Center Staff		7	Recognize UC employees for their work			
	B. Name of Individual		Number of Ticket(s)/	ngtr il 13	Identify one of the follow	ving:	
		Carl Carl I and	Pass(es)		— —		
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremo	Other Dinial 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 pursuar	it to the agency's policy	
-	Varification						
4.	Verification I have read and understand FPPC Regi	ulations 18044 1 on	18942. I have w	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
	That is and and understand FFFC Regi	101010 10944 / 8/10					
	Don Roth			Executive Director	06/04/2018		
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)	

Comment: Up to 2 tickets per employee

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