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 Margit 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
   alroark@ucdavis.edu

2. Function, Event, or Ceremonial Role Information
   Title Staff Comp Program
   Face Value of Each Admission $ 47
   Date(s) 11/1/18 11/1/18
   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:

<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>2</td>
<td>Yes ☐ No ☐</td>
<td>Recognizing UC employees for their work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>Yes ☐</td>
<td>Income</td>
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<td></td>
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<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<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
   Don Roth
   Print Name
   Executive Director
   Title
   12/18/18 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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 E-mail
530-754-4435 alroark@ucdavis.edu

Date Stamp
California Form 802 (2/11)
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1. Organization Information

Title
Staff Comp Program

Face Value of Each Admission $55

Date(s) 11/02/18 11/02/18

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:

<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>7</td>
<td>Yes □ No □</td>
<td>Recognizing UC employees for their work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</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.

Don Roth
Signature of Agency Head or Designee

Print Name
Executive Director
Title
12/18/18 (month, day, year)

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
   - Robert and Margrit Mondavi Center for the Performing Arts

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Staff Comp Program
   - **Description**: Nobuntu
   - **Face Value of Each Admission**: $47
   - **Date(s)**: 11/03/18
   - **Ticket(s)/Admission(s) provided by agency?** Yes ☑️
   - **Was the distribution to persons identified below made at the behest of an agency official?** Yes ☑️
   - **The identity of recipient(s) and the explanation:**
     | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Income |
     |---------------------------------------------------------------|-------------------------------|----------------|--------|
     | Mondavi Center Staff                                          | 4                             | Yes ☑️ No ☑️    | Recognizing UC employees for their work |

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
   
   Don Roth
   Print Name
   Executive Director
   Title
   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 Margit Mondavi Center for the Performing Arts
   Street Address
   One Shields Avenue
   Designated Agency Contact (Name, Title)
   Amy Roark
   Area Code/Phone Number    E-mail
   530-754-4435    alroark@ucdavis.edu

   Date Stamp

   California Form 802
   For Official Use Only
   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
   Description    Akram Khan Company
   Face Value of Each Admission $ 45
   Date(s)  11/04/18  11/04/18
   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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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>29</td>
<td>Yes ☐ No ☐ Recognizing UC employees for their work</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
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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.)
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 E-mail
530-754-4435 alroark@ucdavis.edu

Date Stamp
California Form 802
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2. Function, Event, or Ceremonial Role Information
Title Staff Comp Program
Description Sammy Miller
Face Value of Each Admission $ 45
Date(s) 11/09/18 11/09/18
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
The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
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</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>11</td>
<td>Yes ☒ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizing UC employees for their work</td>
</tr>
</tbody>
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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

Don Roth
Print Name
Executive Director

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

12/18/18
(month, day, year)

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

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 E-mail
530-754-4435 alroark@ucdavis.edu

2. Function, Event, or Ceremonial Role Information
Title Staff Comp Program
Description Pinchas Zukerman, violin
Face Value of Each Admission $ 79
Date(s) 11/10/18
11/10/18
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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<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>9</td>
<td>Yes ☐ No ☐</td>
<td>Recognizing UC employees for their work</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
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.)

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

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

   Date Stamp California Form 802
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 12/18/18

2. Function, Event, or Ceremonial Role Information
   Title Staff Comp Program
   Face Value of Each Admission $ 125
   Description Czech Philharmonic
   Date(s) 11/12/18 11/12/18
   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: ____________________________

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>21</td>
<td>Yes ☐ No ☐ Recognizing UC employees for their work</td>
</tr>
</tbody>
</table>

   • Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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 ____________________________
   Print Name ____________________________
   Title ____________________________
   Date 12/18/18 (month, day, year)

   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 E-mail
530-754-4435 aloark@ucdavis.edu

2. Function, Event, or Ceremonial Role Information
Title Staff Comp Program
Description Paula Poundstone
Face Value of Each Admission $ 55
Date(s) 11/30/18
11/30/18
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
The identity of recipient(s) and the explanation:

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</thead>
<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>
<tr>
<td>Yes □</td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td>No □</td>
<td></td>
<td>Income □</td>
</tr>
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3. Verification
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Signature of Agency Head or Designee
Don Roth
Print Name
Executive Director
Title
12/18/18 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)