Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802	
	University of California, Dav	University of California, Davis				Form 002	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Robert and Margrit Mondavi	Center for th	e Performino	ι Δrte			
	Designated Agency Contact (e i enoming	AILO			
	Jessica Turner	, , , , , ,					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	530-754-4434	jlturner@ucc	davis.edu		Date of Original Filing:	12/03/2016 (Month, Day, Year)	
2.	Function or Event Infor					(MOHUI, Day, 1861)	
	Does the agency have a ticke		Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	45.00	
			100 🖂 110		, 01 , 16	11 , 01 , 16	
	Event Description Diego El C	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Soc		
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes	If yes: Rotti,	Don, Executive Direct	ast. First)	
_							
3.	Recipients • Use Section A to identify the agency	ula donartment er	unit allea Saa	tion P to identify an individu	ual a Usa Saction C to ident	tifu an outside organization	
		Number of					
	A. Name of Agency, Departme	Ticket(s)/ Describe the pub Pass(es)		olic purpose made pursuant to the agency's policy			
	Mondavi Center Staff		40	Recognize UC employees for their work			
			18				
	Name of Individual (Last, First)		Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other 🗆	Income	
					ial Role" or "Other" describe below:	income 🗖	
				Ceremonial Role	Other In the control of the control	Income	
				ii dhedking Geremoni	al Note of Other describe bolow.		
	C. Name of Outside Organ	ization	Number of			4.46	
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
1.	Verification						
•	I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wil	th the requirements.	
	M		Don Ro	th	Executive Director	12/03/16	
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
	Comment. Up to 2 tickets pe	er employee					
	Comment: Op to 2 tlokets pe	. 5р.оусо					

1.	Agency Name		Date Stamp	California 802		
	University of California, Dav	is				Form OOZ
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Robert and Margrit Mondavi	Center for th	e Performina	ı Arts		
	Designated Agency Contact (,			
	Jessica Turner		Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			_	12/03/2016
	530-754-4434 jlturner@ucdavis.edu				Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation		250.00		
	Does the agency have a ticke			of Each Ticket/Pass \$		
	Event Description Los Angeles Philharmonic Date(s)				, 02 , 16	11 , 02 , 16
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	If no:		
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ lf ves. Roth,	Don, Executive Dire	ctor
	of agency official?		140 🖂 1691	<u> </u>	Official's Name	(Last, First)
3.	Recipients					
•	Use Section A to Identify the agence	ual. • Use Section C to ide	entify 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			
	Mondavi Center Staff		28	Recognize UC emp	(
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	Income
	į.			Ceremonial Role	Other Inial Role" or "Other" describe below	Income 🔲
	Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nnt to the agency's policy
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
	N		Don Ro	oth	Executive Director	12/03/16
	Signature of Agency Head or Designee	-	Print Nam		Title	(Month, Day, Year)
	Comment: Up to 2 tickets po	er employee				

1.	Agency Name		Date Stamp	California 802				
	University of California, Davis				For Official Use Only			
	Division, Department, or Region	(If Applicable						
	Robert and Margrit Mondavi Ce	enter for the	e Performing	Arts				
	Designated Agency Contact (Nan	ne, Title)						
	Jessica Turner		Amendment (Must	provide explanation in Part 3.)				
		mail			Date of Original Filing			
	530-754-4434 jlturner@ucdavis.edu				Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Informa	tion				49.00		
	Does the agency have a ticket po		Yes⊠ No	_	f Each Ticket/Pass \$.	***		
	Event Description EVIDENCE A Dance Company Date(s				, 05 , 16	11 , 05 , 16		
	Ticket(s)/Pass(es) provided by agency? Yes			☐ If no:	Source			
	Was ticket distribution made at the behest No ☐ Yes ☒			If yes Roth,	Don, Executive Dire	ctor		
	of agency official?			II you	Official's Name	(Last, First)		
 3.	Recipients							
	Use Section A to identify the agency's c	lepartment or	ual. • Use Section C to ide	entify 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 poli				
	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 follo Other Other describe below	Income [
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income 🔲		
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy		
4.	Verification I have read and understand FPPC Regulation	ns 18944.1 and	d 18942. I have ve	erified that the distribution set I	forth above, is in accordance	with the requirements.		
	N		Don Ro		Executive Director			
	Signature of Agency Head or Designee	-	Print Nam		Title	(Month, Day, Year)		
	Comment: Up to 2 tickets per employee							

-	A Nome				Data Starra	California OOO
Ί.	Agency Name		Date Stamp	Form 802		
	University of California, Dav			For Official Use Only		
	Division, Department, or Reg	ion (If Applicable			·	
	Robert and Margrit Mondavi	Center for th	e Performing	Arts		
	Designated Agency Contact (İ	
	Jessica Turner					
	Area Code/Phone Number	E-mail	1 —	provide explanation in Part 3.)		
	530-754-4434	jlturner@ucc	davis adu		Date of Original Filing:	12/03/2016
_						(Month, Day, Year)
2.	Function or Event Infor			of Each Ticket/Pass \$ _	49.00	
	Does the agency have a ticke		Yes 🛛 No	_		
	Event Description EVIDENCE A Dance Company Date(s)				, 05 , 16	
	Ticket(s)/Pass(es) provided b	Yes⊠ No	☐ If no:	Name of So	DUICO	
			Doth			
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Kour,	Don, Executive Direct	(Last. First)	
_	or agency official?					
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 organic					
	Use Section A to identify the agence	North an af		lual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Departme	of Agency, Department or Unit		Describe the pub	ablic purpose made pursuant to the agency's policy	
	Mondavi Center Volunteer	Ushers	158	Recognize volunteers for their work		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	vlng:
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below.	Income 🗌
16.5						
				Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below	Income 🗔
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	-				_	
4.	Verification				foodback on the first of the control	with the consiroments
	I have read and understand FPPC Regu	ılations 18944.1 an	nd 18942. I have ve Don Ro		Executive Director	12/03/2016
	Signature of Agency Head or Designer		Print Nan		Title	(Month, Day, Year)
	Comment Up to 2 tickets p	er volunteer				

1.	Agency Name		Date Stamp	California 802			
	University of California, Davi	s			For Official Use Only		
60	Division, Department, or Regi	on (If Applicable,					
	Robert and Margrit Mondavi	Center for the	e Performing	Arts			
	Designated Agency Contact (
	Jessica Turner		Amendment (Must p.	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	530-754-4434	jlturner@ucd	lavis.edu		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		20.00			
	Does the agency have a ticke	t policy?	Yes 🛛 No 🏻		of Each Ticket/Pass \$ _		
	Event Description Mermaid Theatre of Nova Soctia Date(s)				, 05 , 16	11 , 05 , 16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[If no:			
		–		, Don, Executive Direc			
	Was ticket distribution made at the behest No ☐ You of agency official?			IX If yes:	Official's Name ((Last, First)	
_							
3.	Recipients • Use Section A to Identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan			
	Mondavi Center Staff		15	Recognize UC employees for their work			
	B. Name of Individu	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:		
					nial Role" or "Other" describe below		
	w.			Ceremonial Role If checking "Ceremo	Other Danial 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 pursual	nt to the agency's policy	
4.	Verification I have read and understand FPPC Reg	ulations 18044 1 or	nd 18942. I have v	verified that the distribution se	t forth above, is in accordance	with the requirements,	
	nave read and understand FFFC Reg	iulations 19344,1 di	Don R		Executive Director		
	Signature of Agency Head or Designation	90	Print Nar		Title	(Month, Day, Year)	
	Up to 2 tickets p	er employee					

	N				Date Stamp	California (202
	jency Name				2010	Form	DUZ
	niversity of California, Davi					For Official Us	e Only
Div	rision, Department, or Regi	on (If Applicable)					
	bbert and Margrit Mondavi		Performing	Arts			
De	signated Agency Contact (Name, Title)					
Je	ssica Turner				Amendment (Must p	provide explanation in Pa	art 3.)
0.555	sa oodon mana	E-mail			Date of Original Filing:	12/03/2016	
	0-754-4434	jlturner@ucd	avis.edu ————		Date of original i mily	(Month, Day, Year)	
	unction or Event Infor		Yes⊠ No [5 V.	f Fach Ticket/Door \$		75.00
	es the agency have a ticke	of Each Ticket/Pass \$ _		16			
Ev	ent Description Alexander	<u>, 06 , 16</u>		16			
Tic	cket(s)/Pass(es) provided b	y agency?	Yes⊠ No [] If no:	Name of So	ource	
				, Don, Executive Direc			
	as ticket distribution made a f agency official?	at the benest	No ☐ Yes 🛭	If yes:	Official's Name	(Last, First)	
5. K	ecipients Jse Section A to identify the agenc	y's department or (lual. • Use Section C to ide	ntify an outside organ	zation.		
A			Number of Ticket(s)/ Pass(es)		blic purpose made pursuar		
_ N	Mondavi Center Staff		13	Recognize UC employees for their work			
В	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the following of the order of the order of the order of the following of th		Income
.=				Ceremonial Role If checking "Cerem	: Other Onial Role" or "Other" describe below	V.	Income
0	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	ant to the agency's p	olicy
-	/ovification						
4. V	/erification have read and understand FPPC Res	gulations 18944.1 ar	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance	with the requirements.	
	IV) ~		Don Ro		Executive Directo	r 12	2/03/16
3	Signature of Agency Head or Design		Print Nar		Title	(Mon	th, Day, Year)
	Comment: Up to 2 tickets	per employée				EDDC E	rm 802 (4

1.	Agency Name University of California, Davi	s	Date Stamp	California 802				
	Division, Department, or Regi			For Official Use Only				
	Robert and Margrit Mondavi Designated Agency Contact (-					
	Jessica Turner							
	Area Code/Phone Number E-mail				I — ' '	provide explanation in Part 3.)		
	530-754-4434	davis.edu		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	nation		*	F4.00			
	Does the agency have a ticket		Yes 🖾 No	_	of Each Ticket/Pass \$ _			
	Event Description David Seda	aris Provide Title/Exp	lanation	Date(s)11	l , 11 , 16			
	Ticket(s)/Pass(es) provided by agency? Yes [
	Was ticket distribution made a	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 agency	unit. • Use Sec	ction B to Identify an individ	ual. • Use Section C to ider	ntify 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 Staff		26	Recognize UC employees for their work				
			Number of					
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:		
					Other Initial Role" or "Other" describe below:	Income 🗌		
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲		
	Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy		
4.	Verification I have read and understand FPPC Regula	ations 18044 1	d 18042 house us	rified that the distribution set	forth above is in accordance w	ith the requirements		
	Thave lead and understand FPPC Regula	auuno 10944,1 AN	a 18942. I nave ve Don Ro		Executive Director	12/03/16		
	Signature of Agency Head or Designee				Title	(Month, Day, Year)		

1.	Agency Name				Date Stamp	California 202
	University of California, Dav	is			Form OUZ	
	Division, Department, or Regi	ion (If Applicable			For Official Use Only	
	Robert and Margrit Mondavi	Center for the	e Performino	n Arts		
	Designated Agency Contact (,		
	Jessica Turner					
	Area Code/Phone Number	E-mail			l —	rovide explanation in Part 3.)
	530-754-4434 jlturner@ucdavis.edu				Date of Original Filing:	12/03/2016 (Month Day Year)
2.	Function or Event Infor	mation				(Month, Day, Youly
	Does the agency have a ticker	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	45.00
	Event Description Havana Co	uba All-Stars	_		, 12 , 16	11 , 12 , 16
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Soi	urce
	Was ticket distribution made a	it the behest	No 🖂 Voc		Don, Executive Direct	
	of agency official?	No ☐ Yes ☒ If yes: _Kotn,		Official's Name (L	Last, First)	
3.	Recipients		K			
	• 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 pub	olic purpose made pursuant to the agency's policy	
	Mondavi Center Staff		18	Recognize UC employees for their work		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Ing:
				Ceremonial Role	ial Role" or "Olher" describe below: Other I ial Role" or "Olher" describe below:	Income 🗌
	Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
ī.	Verification I have read and understand FPPC Regul	ations 18944.1 and	Don Ro	th	Executive Director	12/03/16
	Signature of Agency Head or Designee Up to 2 tickets pe	r employee	Print Nam	е	Tille	(Month, Day, Year)

1.	Agency Name University of California, Dav		Date Stamp	California 802 Form Solution Official Use Only				
	Division, Department, or Reg Robert and Margrit Mondavi Designated Agency Contact	Center for th						
	Jessica Turner Area Code/Phone Number	E-mail			-	rovide explanation in Part 3.) 12/03/2016		
	530-754-4434 jlturner@ucdavis.edu				Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor		_	_	(F T UD A	79.00		
	Does the agency have a ticke		Yes 🛛 No	_	of Each Ticket/Pass \$			
	Event Description Vienna Bo	ys Choir Provide Title/Expl	anation	Date(s)11	, 29 , 16			
	Ticket(s)/Pass(es) provided by	Yes 🗵 No	☐ If no:	Name of So	urce			
	Was ticket distribution made at the behest No			⊠ If ves. Roth,	Don, Executive Direc	tor		
	of agency official?		нош тоо	11 y 0 3	Official's Name (I	Last, First)		
3.	Recipients					-		
	Use Section A to identify the agency	/'s department or		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	cket(s)/ Describe the public purpose made pursuant to the ager				
	Mondavi Center Staff		20	Recognize UC employees for their work				
	B. Name of Individual		Number of		laborities and of the fallow	fa		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing;		
				Ceremonial Role If checking "Ceremon	Other islander or "Other" describe below:	Income 🗀		
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income		
	Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	llc purpose made pursuant	to the agency's policy		
	Verification							
	I have read and understand FPPC Regul	ations 18944 1 and						
	-M		Don Ro		Executive Director	12/03/16		
	Signature of Agency Head or Designee		Print Nam	e	∏tle	(Month, Day, Year)		
	Comment: Up to 2 tickets pe	r employee						