

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802
University of California, Davis		For Official Use Only	
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Amy Roark		Date of Original Filing: <u>12/18/18</u> (month, day, year)	
Area Code/Phone Number	E-mail		
530-754-4435	alroark@ucdavis.edu		

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program Face Value of Each Admission \$ 45
 Description Preet Bharara Date(s) 10 / 08 / 18 10 / 08 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Mondavi Center Staff	18	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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

Executive Director

12/18/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

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Area Code/Phone Number	E-mail		
530-754-4435	alroark@ucdavis.edu		

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program **Face Value of Each Admission \$** 47
Description Marquis Hill Blacktet **Date(s)** 10 / 10 / 18 10 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income <input type="checkbox"/>
Mondavi Center Staff	11	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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

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

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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ 47
Description Marquis Hill Blacktet	Date(s) 10 / 11 / 18 10 / 11 / 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?

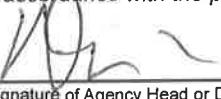
Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.
Mondavi Center Staff	6	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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 Print Name	Executive Director Title	12/18/18 (month, day, year)
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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ 59
Description Marquis Hill Blacktet	Date(s) 10 / 12 / 18 10 / 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?

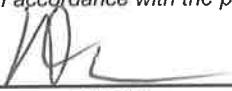
Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • 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.
Mondavi Center Staff	4	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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.)

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Amy Roark		Date of Original Filing: <u>12/18/18</u> (month, day, year)	
Area Code/Phone Number	E-mail		
530-754-4435	alroark@ucdavis.edu		

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ <u>59</u>
Description Marquis Hill Blacktet	Date(s) <u>10</u> / <u>13</u> / <u>18</u> <u>10</u> / <u>13</u> / <u>18</u>

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?

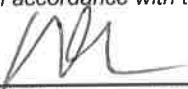
Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Mondavi Center Staff	3	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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	Don Roth	Executive Director	12/18/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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		<input type="checkbox"/> Amendment <small>(Must provide explanation in Part 3.)</small> Date of Original Filing: 12/18/18 <small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ 45
Description Julie Fowlis	Date(s) 10 / 13 / 18 10 / 13 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.
Mondavi Center Staff	6	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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	Don Roth	Executive Director	12/18/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ 89
Description Sir James Galway, flute	Date(s) 10 / 14 / 18 10 / 14 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	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.
Mondavi Center Staff	12	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
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	Don Roth	Executive Director	12/18/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program	Face Value of Each Admission \$ 45
Description SFJAZZ Collective	Date(s) 10 / 17 / 18 10 / 17 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.
Mondavi Center Staff	18	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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Don Roth

Executive Director

12/18/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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		<input type="checkbox"/> 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	Face Value of Each Admission \$ 45
Description Ballet Folklorico	Date(s) 10 / 24 / 18 10 / 24 / 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?

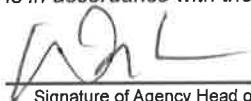
Yes No If yes: Don Roth, Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.
Mondavi Center Staff	28	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work <input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income

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Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

12/18/18

(month, day, year)

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Street Address			
One Shields Avenue			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Amy Roark		Date of Original Filing: <u>12/18/18</u> (month, day, year)	
Area Code/Phone Number 530-754-4435	E-mail alroark@ucdavis.edu		

2. Function, Event, or Ceremonial Role Information

Title <u>Staff Comp Program</u>	Face Value of Each Admission \$ <u>45</u>
Description <u>Cirque Mechanics</u>	Date(s) <u>10</u> / <u>28</u> / <u>18</u> <u>10</u> / <u>28</u> / <u>18</u>

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

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Mondavi Center Staff	35	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Recognizing UC employees for their work Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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Don Roth

Executive Director

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Print Name

Title

(month, day, year)

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