

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Amy Roark		Date of Original Filing: <u>12/18/18</u>	
Area Code/Phone Number		(month, day, year)	
530-754-4435			
E-mail			
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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Amy Roark		Date of Original Filing: 12/18/18	
Area Code/Phone Number		(month, day, year)	
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	<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	11	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)

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

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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)*

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

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

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 Admssion(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.

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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2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program **Face Value of Each Admission \$** 59

Description Marquis Hill Blacktet **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	<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"/>

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)

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Area Code/Phone Number	E-mail						
530-754-4435	alroark@ucdavis.edu						
California Form 802 For Official Use Only							
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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 Admssion(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	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.

 _____ <small>Signature of Agency Head or Designee</small>	Don Roth _____ <small>Print Name</small>	Executive Director _____ <small>Title</small>	12/18/18 _____ <small>(month, day, year)</small>
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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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>12/18/18</u> <small>(month, day, year)</small>	
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 \$ 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 Admssion(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. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
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"/>
		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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Area Code/Phone Number 530-754-4435	E-mail alroark@ucdavis.edu					
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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 Admssion(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"/>
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Amy Roark			
<i>Area Code/Phone Number</i>	<i>E-mail</i>		
530-754-4435	alroark@ucdavis.edu		

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program **Face Value of Each Admission \$** 45

Description Ballet Folkorico **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	<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	28	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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2. Function, Event, or Ceremonial Role Information

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

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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