

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: 12/18/18	
Area Code/Phone Number		<small>(month, day, year)</small>	
530-754-4435			
E-mail			
alroark@ucdavis.edu			

2. Function, Event, or Ceremonial Role Information

Title Staff Comp Program Face Value of Each Admission \$ 65

Description Jazz at Lincoln Center Date(s) 09 / 22 / 18 09 / 22 / 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	25	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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Street Address One Shields Avenue			
Designated Agency Contact <i>(Name, Title)</i> Amy Roark		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: <u>12/18/18</u> <small><i>(month, day, year)</i></small>	
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 \$ 85

Description Callas in Concert Date(s) 09/23/18 09/23/18

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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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			
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 \$** 65

Description Alexander String Quartet **Date(s)** 09 / 30 / 18 09 / 30 / 18

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

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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	2	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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