

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

**A Public Document**

1. Agency Name		Date Stamp	California Form <b>802</b>
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		12/18/18	
Area Code/Phone Number	E-mail	Date of Original Filing: <u>12/18/18</u> (month, day, year)	
530-754-4435	alroark@ucdavis.edu		

**2. Function, Event, or Ceremonial Role Information**

Title <u>Staff Comp Program</u>	Face Value of Each Admission \$ <u>65</u>
Description <u>Jazz at Lincoln Center</u>	Date(s) <u>09</u> / <u>22</u> / <u>18</u> <u>09</u> / <u>22</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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
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

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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530-754-4435	alroark@ucdavis.edu		

**2. Function, Event, or Ceremonial Role Information**

Title <u>Staff Comp Program</u>	Face Value of Each Admission \$ <u>85</u>
Description <u>Callas in Concert</u>	Date(s) <u>09</u> / <u>23</u> / <u>18</u> <u>09</u> / <u>23</u> / <u>18</u>

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Name of Source \_\_\_\_\_

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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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Signature of Agency Head or Designee

Don Roth

Print Name

Executive Director

Title

12/18/18

(month, day, year)

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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>65</u>
Description <u>Alexander String Quartet</u>	Date(s) <u>09 / 30 / 18</u> <u>09 / 30 / 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?

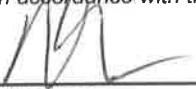
Yes  No  If yes: Don Roth, Executive Director  
Official's Name (Last, First) and Title

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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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