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

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
aloark@ucdavis.edu

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Staff Comp Program
Face Value of Each Admission $ 55
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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>25</td>
<td>Yes ☑ No ☐ Recognizing UC employees for their work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ Income</td>
</tr>
</tbody>
</table>

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

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 530-754-4435
   E-mail alroark@ucdavis.edu

2. Function, Event, or Ceremonial Role Information
   Title Staff Comp Program
   Description Callas in Concert
   Face Value of Each Admission $85
   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 | 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.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>28</td>
<td>Yes ☐ No ☐</td>
<td>Recognizing UC employees for their work</td>
</tr>
</tbody>
</table>

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: ______________________
Print Name: ______________________ Title: ________________
Date 12/18/18 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Staff Comp Program
Description Alexander String Quartet
Face Value of Each Admission $ 55
Date(s) 09/30/18 09/30/18
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no:
Was the distribution to persons identified below made at the behest of an agency official?
Yes [ ] No [ ] If yes: Don Roth, Executive Director
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondavi Center Staff</td>
<td>2</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>Recognizing UC employees for their work</td>
<td></td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

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