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

1. Agency Name
   Arts & Lectures
   Division, Department, or Region (if applicable)
   University of California
   Designated Agency Contact (Name, Title)
   Rachel Leslie, Ticket Office Manager
   Area Code/Phone Number
   805 - 893 - 3458
   E-mail
   rachel.leslie@artsandlectures.ucsb.edu

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Cory Richards/Lecture
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $25
   Date(s) 12 / 7 / 17
   If no:
   Name of Source
   If yes:
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSB Financial aid and Scholarship Office</td>
<td>2</td>
<td>Public Service/Morale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Colina JR High School</td>
<td>2</td>
<td>Public Service/Morale</td>
</tr>
<tr>
<td>4025 Foothill Rd Santa Barbara CA 93110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peaboy Charter School</td>
<td>4</td>
<td>Public Service/Morale</td>
</tr>
<tr>
<td>3018 Calle Noguera Santa Barbara CA 93105</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Roman Baratiak, Associate Director
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)

Comment:
1. **Agency Name**  
   Arts & Lectures  
   **Division, Department, or Region (if applicable)**  
   University of California  
   **Designated Agency Contact (Name, Title)**  
   Rachel Leslie, Ticket Office Manager  
   **Area Code/Phone Number** 805-993-3458  
   **E-mail** rachel.leslie@artsandlectures.ucsb.edu  

2. **Function or Event Information**  
   - Does the agency have a ticket policy? Yes ☑ No ☐  
   - **Event Description**: Pink Martini, performance  
   - **Date(s)**: 12/2/17  
   - **Face Value of Each Ticket/Pass**: $63.00  
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐  
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

3. **Recipients**  
   * Use Section A to identify the agency's department or unit.  
   * Use Section B to identify an individual.  
   * Use Section C to identify an outside organization.  

   **A. Name of Agency, Department or Unit**  
   UCSB Arts & Lectures  
   **Number of Ticket(s)/Passes** 5  
   **Describe the public purpose made pursuant to the agency's policy** Public Service

   **B. Name of Individual** (Last, First)  
   **Number of Ticket(s)/Passes**  
   **Identify one of the following:**  
   - Ceremonial Role ☐  
   - Other ☐  
   - Income ☐

   If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization** (include address and description)  
   **Number of Ticket(s)/Passes**  
   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**  
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee:  
   Roman Baratiak, Associate Director  
   Print Name:  
   Title:  
   (month, day, year): 12/6/17

   Comment:  

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FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)