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, Mgr. of Ticketing Operations
   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
   Beni Bliss, Tenor
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No □
   If no: Name of Source
   Date(s) □ 11/5/16
   Was ticket distribution made at the behest of agency official? No ☑ Yes □
   If yes: Baratiak, Roman
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $ 32

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
      Arts & Lectures
      University of California, Bldg 402
      Music Department
      University of California
      Number of Ticket(s)/Pass(es) 21
      Describe the public purpose made pursuant to the agency's policy
      Public Service/Morale

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role □ Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Z. Wilde’s Fatelli (American Choral)
      305 E Islay St, SB CA 93101
      Number of Ticket(s)/Pass(es) 10
      Describe the public purpose made pursuant to the agency's policy
      Public Service/Morale

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
   Date: 11/5/16
   (Month, Day, Year)

Comment:
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

**Agency Name**
Arts & Lectures

### 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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Department</td>
<td>7</td>
<td>Faculty</td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**
(Include address and description)

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
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, Mgr. of Ticketing Operations
   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 ☐
   Face Value of Each Ticket/Pass $25
   Event Description: Brian Skerry/ Lecture
   Date(s) 11/20/16
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Name of Source Baratik, kosman
   If 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.

<table>
<thead>
<tr>
<th>A. 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 English Dept. On Campus</td>
<td>26</td>
<td>Public Service/ Morale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>SB Wildlife Care Network PO Box 6594 Santa Barbara, CA 93106</td>
<td>2</td>
<td>Public Service/ Morale</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.
   Signature of Agency Head or Designee
   Roman Baratik, Associate Director
   Print Name
   Title
   Date 11/21/16
   (month, day, year)

Comment: ________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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, mgr. of Ticketing Operations
   Area Code/Phone Number (905) 893 - 3458
   E-mail rachel.leslie@artsandlectures.ucsd.edu

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Captain Scott Kelly, 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 $ 35
   Date(s) 11 / 14 / 16
   Name of Source Baratiak, Roman
   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 Chancellor's Office</td>
<td>4</td>
<td>Administration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</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>
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</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.
   Signature of Agency Head or Designee

   Roman Baratiak, Associate Director
   Print Name
   Title
   Date (month, day, year)

Comment:
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, Mgr. of Ticketing operations

Area Code/Phone Number 858-893-3458
E-mail rachel.leslie@artsandlectures.ucsd.edu

Date Stamp

California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 20.00

Event Description: Dayton Duncan, lecture

Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: 

Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ If yes: Name of Source Baratiak, Roman

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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<th>B. Name of Individual (Last, First)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐ Ceremonial Role ☐ Other ☐</td>
</tr>
</tbody>
</table>

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<tr>
<th>C. 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>Santa Barbara Audubon Society 5679 Hollister Ave, Goleta, CA 93117</td>
<td>6</td>
<td>Public Service</td>
</tr>
<tr>
<td>Yardi Systems 430 S Fairview Ave, Goleta, CA 93117</td>
<td>50</td>
<td>Public Service</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.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

Roman Baratiak, Associate Director

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Arts & Lectures
   University of California
   Designated Agency Contact (Name, Title)
   Rachel Leslie, Mgr. of Ticketing Operations
   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 ☐ Face Value of Each Ticket/Pass $40
   Event Description: Neko Case, performance Date(s) 11/18/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source
   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.

<table>
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<tr>
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<td>N/A</td>
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<tr>
<td>N/A</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
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<tbody>
<tr>
<td>N/A</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.

Signature of Agency Head or Designee: [Signature]
Print Name: Roman Baratik
Title: Associate Director
Date: 11/21/16

Comment: [Comment]

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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, Mgr. of Ticketing Operations
   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: Ping Chong + Company/Performance
   Face Value of Each Ticket/Pass $ 25
   Date(s) 11 / 19 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: ___________________________
   If yes: ___________________________
   Name of Source
   Baratiak, Roman
   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.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy
      KCSB Radio
      1025 Storke Comm Bldg (Campus)
      3
      Public Service/ Morale
      UCSB Black Studies Dept.
      Campus
      2
      Staff Report

   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:
      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
      Dos Pueblos High School
      7266 Alameda Ave Goleta, CA 93117
      7
      Public Service/ Morale

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
   Print Name
   Title
   Date 4/2/16

   Comment: ___________________________
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>A. 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 Religious Studies Dept. Campus</td>
<td>1</td>
<td>Faculty Report</td>
</tr>
<tr>
<td>UCSB Theater and Dance Dept. Campus</td>
<td>3</td>
<td>Faculty Report</td>
</tr>
<tr>
<td>UCSB Muslim Stu. Assoc.</td>
<td>15</td>
<td>Public Service/ Morale</td>
</tr>
<tr>
<td>UCSB Religious Studies Dept.</td>
<td>1</td>
<td>Public Service/ Morale</td>
</tr>
</tbody>
</table>

**B. Name of Individual (Last, First)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization (include address and description)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
1. **Agency Name**
   Arts & Lectures
   Division, Department, or Region (if applicable)
   University of California
   Designated Agency Contact (Name, Title)
   Rachel Leslie, Mgr. of Ticketing Operations
   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 ☐
   - Face Value of Each Ticket/Pass $32
   - Event Description: Sol Gabetta & Alessio Bax
   - Date(s) 11/16/16
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: ____________________________
   - Name of Source: Baratiak, Roman
   - Official’s Name (Last, First)
   - 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**, Number of Ticket(s)/Passes, Describe the public purpose made pursuant to the agency’s policy
   - UCSB Theater & Dance Department
     - Number of Ticket(s)/Passes: 3
     - Faculty

   **B. Name of Individual**, Number of Ticket(s)/Passes, Identify one of the following:
   - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking “Ceremonial Role” or “Other” describe below:
       - Ceremonial Role ☐ Other ☐ Income ☐
         - If checking “Ceremonial Role” or “Other” describe below:

   **C. Name of Outside Organization**, Number of Ticket(s)/Passes, Describe the public purpose made pursuant to the agency’s policy
   - Music Teachers Association of California
     - Number of Ticket(s)/Passes: 10
     - Public Service/Morale

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
   Print Name
   Title

   (Signature, Print Name, Title, Date)

   Comment: ____________________________

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   Arts & Lectures
   University of California

   Designated Agency Contact (Name, Title)
   Rachel Leslie, Mgr. of Ticketing Operations

   Area Code/Phone Number: (805) 938-3458
   E-mail: rachel.leslie@artsandlectures.ucsb.edu

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: $16
   Event Description: Versa Style, performance
   Date(s): 11/6/16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source:
   Baratiak, Roman
   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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<tr>
<td></td>
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<tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
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<tr>
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<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
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<thead>
<tr>
<th>C. 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>Adams Elementary School / 2701 Las Positas Rd, Santa Barbara CA 93105</td>
<td>47</td>
<td>Public Service</td>
</tr>
<tr>
<td>Alpha Resource Center / 4501 Cathedral Oaks Rd, Santa Barbara, CA 93110</td>
<td>10</td>
<td>Public Service</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.

   Signature of Agency Head or Designee: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   Date: [11/5/15]

Comment:
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, Mgr. of Ticketing Operations
   Area Code/Phone Number E-mail
   (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 45
   Event Description: Whose Live Anyway?, lecture
   Date(s) 11 / 9 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source
   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.
   
<table>
<thead>
<tr>
<th>A. 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 Human Resources Department</td>
<td>2</td>
<td>Public Service / Morale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

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<tr>
<th>C. 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>Alpha Resource Center, 4501 Cathedral Oaks Rd, Santa Barbara, CA 93110</td>
<td>34</td>
<td>Public Service</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.
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)

Comment:
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions
**Continuation Sheet**

**Agency Name**
Arts & Lectures

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.

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<th><strong>A.</strong> Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th><strong>C.</strong> Name of Outside Organization (include address and description)</th>
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<th><strong>Describe the public purpose made pursuant to the agency's policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin Elementary School / 1111 E Mason St, Santa Barbara, CA 93103</td>
<td>40</td>
<td>Public Service</td>
</tr>
<tr>
<td>St. Raphael School 160 St Josephs St, Santa Barbara, CA 93111</td>
<td>29</td>
<td>Public Service</td>
</tr>
</tbody>
</table>
## 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, Mgr. of Ticketing Operations
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 [x]
- **Event Description** Za Khay Hussein (Performing)
  Provide Title/Explanation
- **Face Value of Each Ticket/Pass** $35-25
- **Date(s)** 11/16/16
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

### 3. Recipients
- **Name of Agency, Department or Unit**
  - UCSB Music Dept.
  - UCSB Music Dept.
- **Number of Ticket(s)/Pass(es)**
  - 2
  - 2
- **Describe the public purpose made pursuant to the agency's policy**
  - Faculty
  - Dept. Chair

**A.**
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>UCSB Music Dept.</td>
<td>2</td>
<td>Faculty</td>
</tr>
<tr>
<td>UCSB Music Dept.</td>
<td>2</td>
<td>Dept. Chair</td>
</tr>
</tbody>
</table>

**B.**
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<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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- **Ceremonial Role** [ ] **Other** [ ]
  - Income [ ]
  - If checking "Ceremonial Role" or "Other" describe below:

- **Ceremonial Role** [ ] **Other** [ ]
  - Income [ ]
  - If checking "Ceremonial Role" or "Other" describe below:

- **Name of Outside Organization**
  (include address and description)
- **Number of Ticket(s)/Pass(es)**
- **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.

Roman Baratiak, Associate Director

Signature of Agency Head or Designee: ____________________________
Print Name: ____________________________
Title: ____________________________
(Month, Day, Year) 11/2/16

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

1. Agency Name
UC Santa Barbara
Division, Department, or Region (if applicable)
MultiCultural Center
Designated Agency Contact (Name, Title)
Sharon Singh, Acting Program Coordinator
Area Code/Phone Number E-mail
804-893-8411 sharon.singh@sa.ucsb.edu

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Delhi 2 Dublin/ Music Performance
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Face Value of Each Ticket/Pass $5/student & $15/general
Date(s) 11/4/16
If yes: Official's Name (Last, First)
If no: Name of Source

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.

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<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/ Passes</th>
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<tbody>
<tr>
<td>Marcus, Scott</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff morale</td>
</tr>
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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: Sharon Singh
Print Name: Acting Program Coordinator: Title: 11/21/2016
(month, day, year)

Comment: