Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Alan Cumming, performance Date(s) __04__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: __ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB** Department of Music Public Service 2 UCSB Department of Theater/Dance Public Service / Faculty & Department Chair 3 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other | Income ... If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

Comment:

Print Name

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Roman Baratiak, Associate Director

4. Verification

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 40.00 Yes ⊠ No □ Event Description: Anoushka Shankar, performance Date(s) _04 / 17 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** UCSB Dhadkan Public Service / Pre-show class 20 **UCSB** Department of Music Public Service / Faculty 5 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes MichaelKate Interiors & Art Gallery Public Service 3 132 Santa Barbara St, SB, CA 93101 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

Print Name

Signature of Agency Head or Designee

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Ballet Preljocaj, performance Date(s) __04__/_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes UCSB Department of Theater/Dance Public Service / Faculty 5 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Public Service Consulate General of France in Los Angeles 4 10390 Santa Monica Blvd. Ste410, LA, 90025

Comment:

Roman Baratiak, Associate Director

rint Name

I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

with the requirements.

Signature of Agency Head or Designee

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Arts & Lectures **Form** For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 32.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Hot Club & Dustbowl Revival / Perf Date(s) __04__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: __ Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB Music Dept** Faculty 1 **UCSB Theater & Dance Dept** Dept Chair 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other N/A Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes N/A N/A

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200		-			-			_		

I have read and understand FPPC	Regulations 18944.1 and 18942. I hav	e verified that the distribution	set forth above, is in accordance
with the requirements.			/ ,
D + 1	0		4/0/19
John J	Roman Baratial	, Associate Director	'/3/1/
Signature of Agency Head or Designee	Print Name	Title	(month day year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jennifer Koh / Performance Date(s) __04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **UCSB** Asian American Studies Faculty 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income | N/A If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Public Service Santa Barbara Strings 14 PO Box 61401, Santa Barbara, CA 93160 Public Service SB Youth Symphony 8 179 Nogal Dr, Santa Barbara, CA 93110

I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verified that the distribution set forth ab	ove, is in accordance
with the requirements /		
	Dimeter	/ /

4. Verification

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 40.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Michael Pollan, lecture Date(s) _04 / 23 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** UCSB Department of Theater/Dance Public Service / Department Chair 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Dos Pueblos Little League Public Service 2 Address unknown, Goleta, CA 93117 Silkroad Ensemble **Public Service** 2 175 N Harvard St, Allston, MA 02134 4. Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements/	Roman Baratiak, Associate Director		4/24/19
Signature of Agency Head or Designee	Print Name	Title	(month day year)

Comment: _____

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

A Public Document

1.	Agency Name				Date Stamp	California OOO
	Arts & Lectures					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	University of California					
	Designated Agency Contact	(Name, Title)				
	Rachel Leslie, Manager of 7	Ticketing Operations				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	(805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu			csb.edu	Date of Original Filing: _	(month, day, year)
2	Function or Event Infor					(monus, day, year)
	Does the agency have a tick		⊠ No □ F	Face Value of B	Each Ticket/Pass \$ 43	.00
	Event Description: Montere	Provide Title/ Expla		Date(s)04/		
	Ticket(s)/Pass(es) provided			f no		
	00010 8 8 8				Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No 🗆 📑	f yes:	Official's Name (Last, First)	
	of agency official?				Omolar's Warne (Last, First)	
3.	Recipients					
٠.	• Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	Control of the second	e public purpose made purs	
	UCSB Theater & Dance D	ept	2	Dept Chair		
			2			
			İ			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	N/A			Ceremo	onial Role Other	Income
				If checki.	ng "Ceremonial Role" or "Other" desc	ribe below:
				Ceremo	onial Role Other	Income
				If checking	ng "Ceremonial Role" or "Other" desc	ribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Community Environmental		2	Public Servic	е	
	26 W Anapamu St, 2nd Flo	or, SB, CA 93101				
•						
l.	Verification					
	I have read and understand FRI	PC Regulations 18944	.1 and 18942.	have verified th	at the distribution set for	th above, is in accordance
	with the requirements.					1 1 -
	12		Roman Bara	atiak, Associate	Director	4/11/9
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{28.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: So Percussion / Performance 04 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes UCSB History of Art & Architectue Staff 2 UCSB Administrative Services Division Staff 6 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last. First) Passes Ceremonial Role Other Income N/A If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Yardi Systems Public Service 50 430 S Fairview Ave, Goleta, CA 93117

With the requirements.

Roman Baratiak, Associate Director

Signature of Agency Head or Designee

Print Name

Title

(month, Hay, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{28.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: So Percussion / Performance 04 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes UCSB History of Art & Architectue Staff 2 UCSB Administrative Services Division Staff 6 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last. First) Passes Ceremonial Role Other Income N/A If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Yardi Systems Public Service 50 430 S Fairview Ave, Goleta, CA 93117

With the requirements.

Roman Baratiak, Associate Director

Signature of Agency Head or Designee

Print Name

Title

(month, Hay, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification



& Lectures		
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 Admissions Office	2	Staff
UCSB Anthropology Dept	2	Staff
UCSB Black Studies Dept	4	Staff
UCSB California Nanosystems Institute	2	Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
N/A		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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
N/A		N/A



& Lectures		
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 Admissions Office	2	Staff
UCSB Anthropology Dept	2	Staff
UCSB Black Studies Dept	4	Staff
UCSB California Nanosystems Institute	2	Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
N/A		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income 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
N/A		N/A

Agency Report of:

	.go			
C	eremonial	Role Events	and Ticket/Pass	Distributions

A Public Document

1. A	gency Name				Date Stamp	California Ono
Α	rts & Lectures				**	Form OUZ
Di	ivision, Department, or Reg	ion (if applicable)				For Official Use Only
U	niversity of California					
De	esignated Agency Contact ((Name, Title)				
R	achel Leslie, Manager of T	icketing Operatio	ns			
A	Area Code/Phone Number E-mail				Amendment (Must Pro	vide Explanation in Part 3.)
(8	805) 893-3458	rachel.leslie@a	rtsandlectures.u	csb.edu	Date of Original Filing:	(month, day, year)
2. F	unction or Event Infor	mation				
D	oes the agency have a tick	cet policy?	es⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 28.0	00
E	vent Description: So Percu		nce [
Ti	cket(s)/Pass(es) provided		58	f no		
	chal(a)/i daa(aa) piavidad	by agonoy: 10	62 M 140 L	1110.	Name of Source	
W	las ticket distribution made	at the behest Ye	es⊠ No□ l'	f yes:	Official's Name (Last, First)	
C	of agency official?				Official's Name (Last, First)	
3.	Recipients				2 -1	
•	· Use Section A to identify the agen	cy's department or unit	t. • Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.
,	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
-	UCSB Career Services		6	Staff		
-	UCSB Children's Center	502165	4	Staff	2	
E	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
١	N/A			1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income In
-					onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income
C	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
1	N/A			N/A		
-						
. Ve	erification					
	ave read and understand FPI	PC Regulations 189	944.1 and 18942.	l have verified ti	hat the distribution set fort	h above, is in accordance
wit	th the requirements.)——A) /
T	2 2			Roman Baratia	ak, Associate Director	4/11/10
_2	Signature of Agency Head or Designe	ee v	Print Name		Title	(month, day, Year)
						l l
C	omment:					



Agency Name		4 Mino Min		
Arts & Lectures				

3. Recipients

Use Section A to identify the agency's department or unit.		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 Counseling, Clinical, and School Psych	2	Staff			
UCSB Davidson Library	2	Staff			
UCSB Education Abroad Program	6	Staff			
UCSB Electrical and Computer Engineering	2	Staff			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
N/A		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income 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			
N/A		N/A			
	-				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 Date of Original Filing: . rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 28.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: So Percussion / Performance 04 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **UCSB English Dept** Faculty 2 UCSB Enterprise Technology Services Staff 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other N/A Income If checking "Ceremonial Role" or "Other" describe below:

		Ceremonial Role Other Income 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
N/A		N/A
Verification	2044 4 and 40040	
with the requirements. Signature of Agency Head or Designee		Raratiak, Associate Director Title
Comment:		
		EPPC Form 802 (2/2016)



gency Name										
s & Lectures										
Recipients • Use Section A to identify the agency's department or unit.	ecipients 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 Facilities Management	2	Staff								
UCSB Film & Media Studies Dept	4	Staff								
UCSB Geography Dept	2	Faculty								
UCSB Health and Wellness	2	Staff								
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:								
N/A		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:								
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:								
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:								
		Ceremonial Role Other Income 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								
N/A		N/A								

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

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1.	Agency Name				Date Stamp	California OOO				
	Arts & Lectures			Form 8UZ						
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
	University of California									
	Designated Agency Contact	(Name, Title)								
	Rachel Leslie, Manager of 1	ricketing Operations	Amendment (Must Provide Explanation in Part 3.)							
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)				
	(805) 893-3458	rachel.leslie@arts	andlectures.u	csb.edu	Date of Original Filing:					
2	Function or Event Infor	l mation								
				ace Value of	Fach Ticket/Pass \$ 28.	00				
		Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 28.00								
	Event Description: So Percu	Provide Title/ Expl		Date(s)						
	Ticket(s)/Pass(es) provided			f no:						
					Name of Source					
	Was ticket distribution made	at the behest Yes	⊠ No □ I	f yes:	Official's Name (Last, First)					
	of agency official?				(200, 100,					
3.	Recipients									
•.	1. I.A. 1. I.A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	• 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, Depa	Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy						
	UCSB Information Systems & Computing Dept		2	Staff						
	UCSB Institutional Advancement Division		4	Staff						
	B. Name of Indi	Number of Ticket(s)/ Passes	Identify one of the following:							
	N/A			1	onial Role Other on "Other" description of "Other" descriptions of the control of	Income Income				
				2 margan and 2 miles (2 miles	onial Role Other or "Other" descri	Income ibe below:				
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy						
	N/A			N/A						
4.	Verification									
,	I have read and understand FP with the requirements. Signature of Agericy Head or Designation		1.1 and 18942.		ak, Associate Director	h above, is in accordance				
	Comment:		THE NAME		Title	(mortin, day, year)				



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)/	Describe the public purpose made pursuant to the agency's policy							
UCSB Instructional Development Dept	2	Staff							
UCSB Letters & Science IT Dept	4	Staff							
UCSB Marine Science Institute	2	Staff							
UCSB Materials Dept	2	Staff							
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:							
N/A		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:							
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:							
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:							
		Ceremonial Role Other Income 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							
N/A		N/A							
2 4 403									

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

A Public Document

1.	Agency Name		Date Stamp California O 0 2						
	Arts & Lectures		(Form OUZ					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only					
	University of California								
	Designated Agency Contact ((Name, Title)							
	Rachel Leslie, Manager of T	icketing Operations	Amandmant (44 4 5						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)			
	(805) 893-3458	rachel.leslie@arts	andlectures.u	csb.edu	Date of Original Filing:				
2.	Function or Event Information								
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 28.00								
	Event Description: So Percu	ussion / Performance		Date(s)04/					
	Event Bescription.	Provide Title/ Expla	anation	Jale(s)					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:					
	Man Airland Waterland	4.0	1	£	Name of Source				
	Was ticket distribution made of agency official?	at the benest Yes	⊠ No 🔲 I	f yes:	Official's Name (Last, First)				
	or agency official?								
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	Describe the public purpose made pursuant to the agency's policy				
	UCSB Mechanical Enginee	2	Faculty						
	UCSB Media Arts & Techn	2	Faculty						
	B. Name of India (Last, Firs	Number of Ticket(s)/ Passes	Identify one of the following:						
	N/A			onial Role Other Officer Offic	Income Income				
					onial Role Other on "Other" descri	Income De below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy				
	N/A			N/A					
. 1	Verification								
	have read and understand FPF	PC Regulations 18944	1 and 18042	I have verified th	and the distribution set forth	h ahaya ia in accordance			
i	with the requirements.	C Regulations 10944		r above, is in accordance					
1	2 1		ate Director	4/11/19					
-	Signature of Agency Head or Designe	Pı	rint Name		Title	(month.idav. vear)			
	2	3000			O CONTRACTOR OF THE CONTRACTOR	(
	Comment:								



ontinuation Sheet gency Name		A Public Document					
s & Lectures							
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 Molecular, Cellular & Developmental Biology	2	Staff					
UCSB Music Dept	18	Staff/Faculty					
UCSB Neuroscience Research Institute	2	Staff					
UCSB Office of Research	2	Staff					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
N/A		Ceremonial Role Other Income Income					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
		Ceremonial Role Other Income 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					
N/A		N/A					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 28.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: So Percussion / Performance Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB Political Science Dept** Staff 2 UCSB Psychological & Brain Sciences Dept Faculty/Staff 8 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income N/A If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** N/A N/A

Roman Baratiak, Associate Director

Signature of Agency Head or Designee

Print Name

Title

(month bay, year)

I have read and under≰tand FP∰C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification



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.								
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy							
2	Staff							
2	Staff							
2	Staff							
4	Staff							
Number of Ticket(s)/ Passes	Identify one of the following:							
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:							
	Ceremonial Role Other Income Income							
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:							
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:							
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy							
	N/A							
	Number of Ticket(s)/ Passes 2 2 4 Number of Ticket(s)/ Passes							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Arts & Lectures Form For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 28.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: So Percussion / Performance Date(s) __04__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB Theater & Dance Dept** Dept Chair 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ N/A If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other _ Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** N/A N/A

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 Imontif. day, year)

Agency Report of:

C	eremo	onial	Role	Events	and	Ticket/Pass	Distributions	
_			1,011	And the second	market and a second			

A Public Document

1.	Agency Name				Date Stamp	California Q02				
	Arts & Lectures			Form OUZ						
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
	University of California									
	Designated Agency Contact (Name, Title)	100							
	Rachel Leslie, Manager of T	icketing Operations	Amendment (Must Pro	vide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail	2015 I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Vide Explanation III are o.y				
	(805) 893-3458	rachel.leslie@artsa	csb.edu	Date of Original Filing:	(month, day, year)					
2.	Function or Event Infor	Function or Event Information								
	Does the agency have a tick	cet policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 33.	00				
	Event Description: The Glos			Date(s)04						
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		f no:						
	ricket(3)/1 a33(e3) provided	by agency: Test	ZI 140 [] 1	1110.	Name of Source					
	Was ticket distribution made	at the behest Yes	No □	f yes:	Official's Name (Last, First)					
	of agency official?				Official's Name (Last, First)					
3.	Pacinianta									
ა.	Recipients • Use Section A to identify the agen	cy's department or unit •	Use Section B to	identify an individ	ual • Use Section C to identify	v an outside organization				
	ose section is to identify the agen	cy s department or unit.	Number	I I I I I I I I I I I I I I I I I I I	uar. Ose section o to identify	y an outside organization.				
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the	he public purpose made pursuant to the agency's policy						
	UCSB Theater & Dance Dept		2	Dept Chair	ept Chair					
	B. Name of Indi (Last, First	Number of Ticket(s)/ Passes		Identify one of the following:						
	N/A	N/A			onial Role Other on "Other of the control of the co	Income Income				
					onial Role Other Officer Officer Ceremonial Role" or "Other" descri	Income In				
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy						
	N/A			N/A						
					6					
1.	Verification									
	I have read and understand FP	PC Regulations 18944.	.1 and 18942.	I have verified to	hat the distribution set fort	h above, is in accordance				
	with the requirements.	1		(2012)	100	, ,				
	Dan I		Roman Baratia	k, Associate Dir	ecto _t	4/21/19				
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)				
	Comment:	• •								
	Gomment.									

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 Date of Original Filing: . rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 43.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Ukulele Orchestra / Performance Date(s) _ 04 / 04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** N/A N/A Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other N/A Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Alpha Resource Center Public Service 2 4501 Cathedral Oaks Rd, SB, CA 93110 Dos Pueblos Little League Public Service 2 Goleta, CA 93117 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

Print Name

Signature of Agency Head or Designee

Comment: