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 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 \$ 50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Blind Boys of Alabama / Perf Arts Date(s) 12 / 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes N/A N/A Number Name of Individual B. 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 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 Alpha Resource Center Public Service 2 4501 Cathedral Oaks Rd, SB, CA, 93110 Public Service Eyeshine Foundation - Unknown address 18 https://www.eyeshinefoundation.org

4.	V	P	r	if	ï	c	a	ti	0	n	ľ
· ·	A	C		••		v	a	u	v		

I have read and understand FPPC Regulati	ions 18944.1 and 18942. I have verified that the o	distribution set forth above	, is in accordance
with the requirements.			
RA	Power o		1/2/19
Signature of Agency Head or Designee	Priरिप्रधास्त्रा Baratiak, Associate Director	Title	(month, day, year)
Comment:			

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

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						
N/A		N/A						
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:						
N/A		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:						
		Ceremonial Role Other Incom  If checking "Ceremonial Role" or "Other" describe below:						
<u> </u>		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:						
		Ceremonial Role Other Incom 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 police						
La Colina Junior High School 4025 Foothill Rd, Santa Barbara, CA 93110	2	Public Service						
SB County Juvenile Probation Office 4500 Hollister Ave, Santa Barbara, CA 93110	0 4							

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 Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Event Description: The Okee Dokee Brothers/Perf Arts Date(s) 12 / 01 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Other  $\square$ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Public Service Adams Elementary School 20 2701 Las Positas Rd, Santa Barbara Public Service Adelante Charter School 20 1102 E Yanonali St, Santa Barbara, CA93103 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

Comment:

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

Monroe Elementary School 431 Flora Vista Dr, Santa Barbara, CA 93109

3018 Calle Noguera, Santa Barbara, CA93105

Peabody Charter School



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gency Name								
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						
		*						
B. Name of Individual (Last, First)	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 If checking "Ceremonial Role" or "Other" describe below:						
,		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						
Macaroni Kid Santa Barbara 3974 Fortuna Ave, Camarillo, Ca, 93010	4	Public Service						
McKinley School 350 Loma Alta Dr, Santa Barbara, CA 93109	20	Public Service						
	<del></del>							

Public Service

Public Service

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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 Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Event Description: The Okee Dokee Brothers/Perf Arts Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ 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** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Public Service St. Raphael School 20 160 St Josephs St, Santa Barbara, CA93111 4. Verification I have read and understand FPP 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

Comment: \_\_

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

**A Public Document** 

1.	Agency Name				Date Stamp	California Ono			
	Arts & Lectures					Form OUZ			
	Division, Department, or Region (if applicable)					For Official Use Only			
	University of California								
	Designated Agency Contact (	Name, Title)							
	Rachel Leslie, Manager of T	icketing Operat	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)				
	(805) 893-3458	05) 893-3458 rachel.leslie@artsandlectures.ucsb.edu			Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	unction or Event Information							
	Does the agency have a tick	Each Ticket/Pass \$ 10.0	00						
	Event Description: Jeh John	son / Lecture							
		Provide Title/	'Explanation	/atc(3)					
	Ticket(s)/Pass(es) provided	by agency?	Yes⊠ No□ If	no:	Name of Source				
	Mas ticket distribution made	at the beheat							
	Was ticket distribution made of agency official?	at the benest	Yes ⊠ No 🗌 "	yes	Official's Name (Last, First)				
	or agency official:								
3.	Recipients								
	• Use Section A to identify the agen-	• 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	e public purpose made pursuant to the agency's policy				
	Arts & Lectures		101	Public Servic	Public Service				
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the foll	owing:			
	(Last, Firs	t)	Passes			9			
					onial Role Other In one of "Other" description of "Other" description of "Other" description of the other of	Income Debelow:			
		1			onial Role Other Officer Officer or "Other" descri	Income De below:			
	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	Verification								
	I have read and understand FPI with the requirements.  Signature of Agency Head or Designation	4		have verified the		h above, is in accordance  12/5/18  (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 \$  $\frac{32}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kronos Quartet / Performing Arts Date(s) \_\_12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ 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 Music Department** Public Service / Faculty 1 N/A 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 Santa Barbara High School Public Service 2 700 E Anapamu St, Santa Barbara, CA 93101

# 4. Verification I have read and understand FPPO 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

Title 124

Comment:

Agency Report of:

Agency ite	port or.		
Ceremonia	I Role Ever	nts and Ticket/P	ass Distributions

**A Public Document** 

1.	Agency Name	Date Stamp California Form 802						
	Arts & Lectures  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@artsa	ndlectures.u	csb.edu	Date of Original Filing:	(month, day, year)			
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes [	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 37						
		Event Description: Patricia Kopatchinskaja / PerformArts Date(s) 12 / 11 / 18						
	Ticket(s)/Pass(es) provided by agency? Yes	No □ I	f no:	Name of Source				
	Mara Airlead distribution was do not the bank as a							
	Was ticket distribution made at the behest Yes of agency official?	ĭ No □ '	1 yes	Official's Name (Last, First)				
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agency's department or unit.	ual. • Use Section C to ident	ify 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 College of Creative Studies	2	Public Service / Faculty					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:				
	N/A	0		onial Role Other ing "Ceremonial Role" or "Other" de				
				onial Role Other ing "Ceremonial Role" or "Other" de				
	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				
	Santa Barbara Symphony 1330 State St Ste 102, Santa Barbara, 93101	20	Public Service					
	Santa Barbara Strings PO Box 61401, Santa Barbara, CA 93160	15	Public Service					
4.			/ have verified t		orth above, is in accordance			
	Comment:							