Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Kachel / (S) (Ma Area Code/Phone Number Leslie Manager of Amendment (Must Provide Explanation in Part 3.) rachel. leslie @altsand lectures. Date of Original Filing: 815-893-3458 (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 17 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Banff Mountain Film Festival, film Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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.

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

Alpha Resource Center, 4501 Cathedral Oaks Rd, Santa Barbara, CA 93110

Describe the public purpose made pursuant to the agency's policy

Passes

Public Service

Number

| 4. | V | | | | |
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| / 1 / P | gulations 18944.1 and 18942. I have v | verified that the distribution set forth abo | ve, is in accordance |
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| with the requirements. / / / | | | 1 , |
| ROX | Roman E | Baratiak, Associate Director | 3/6/17 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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) Leslie, Managel of Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 17 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Banff Mountain Film Festival, film 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes **UCSB Procurement Services** Public Service / Administration 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 Other _ Ceremonial Role 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**

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

Print Name

Roman Baratiak, Associate Director

4. Verification

Comment:

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 Date Stamp California Arts & Lectures **Form** For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Code/Phone Number rachel-11slie@ al Date of Original Filing: , (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: George Takei, lecture 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB English Department** Public Service / Faculty 1 Number B. Name of Individual 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Alpha Resource Center, 4501 Cathedral Oaks Public Service 4 Rd, Santa Barbara, CA 93110

4. Verification

| i nave read and understand FP | MPC Regulations 1 | 18944.1 and 18942. | I have verified that the o | distribution set forth above. | is in accordance |
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| with the requirements. | / | | | | |
| | 1 | | | | , , |

Signature of Agency Head or Designee Print Name

Roman Baratiak, Associate Director

Title

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) leslie, Mar. of ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number rachel. Icolie@alts and lectures. Date of Original Filing: . (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ $\frac{38}{100}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Siddhartha Mukherjee, lecture Date(s) Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☒ No ☐ If ves: 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** UCSB Molecular, Cellular & Developmental Public Service / Faculty 18 **Biology Department** 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 Income Other 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 The Organic Soup Kitchen 315 Meigs Rd, Public Service 3 A369, Santa Barbara, CA 93109 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.

Print Name

Signature of Agency Head or Designee

Roman Baratiak, Associate Director

Title

(month, day, year)

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) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number rachellaslie@artsandlectures Date of Original Filing: (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Joshua Bell, 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB** Department of Music Public Service 12 **UCSB Religious Studies Department** Public Service / Faculty 1 Number B. Name of Individual 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 Income Other 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) 4. Verification

| i nave read and understand | -H | C Regulations | 18944.1 and | 1 18942. | Ihave | verified that | the d | listribution se | t forth al | bove, i | s in acco | ordance |
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| with the requirements. | /\ | \ | | | | | | | | | , | |

Signature of Agency Head or Designee

Comment:

Roman Baratiak, Associate Director

Print Name

Title

(month, day, year)

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) ☐ Amendment (Must Provide Explanation in Part 3.) rachel. Date of Original Filing: . (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 40 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kamasi Washington, performance 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. A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB Department of Black Studies** Public Service / Faculty 1 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

| I have read and understa | and FPPC | Regulations | 18944.1 | and 18942. | I have verified that the | distribution set forth | above. | is in accordance |
|--------------------------|----------|-------------|---------|------------|--------------------------|------------------------|--------|------------------|
| with the requirements. | | Λ | | | | | | |

| RASS | Roman Baratiak, Associate Director |
|--------------------------------------|------------------------------------|
| Signature of Agency Head or Designee | Print Name |

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Leslie, Mar. Of ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 25 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kenny Broad 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 ☐ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other 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 Public Service/ Morale SB Wildlife Care Network 2 PO Box 6594 Santa Barbara CA 93160 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 Title Signature of Agency Head or Designee

Agency Report of:

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) ☐ Amendment (Must Provide Explanation in Part 3.) rachel·loslie@ditsandicotures. Date of Original Filing: . (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ 25 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Odd Squad Live!, performance Date(s). 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes N/A Number B. Name of Individual of Ticket(s)/ Identify one of the following: (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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Audacious Foundation Public Service 10 PO Box 91340, Santa Barbara, CA 93190 Public Service Girls Inc. of Santa Barbara 30 PO Box 236, Santa Barbara, CA 93102 4. Verification

| I have read and understand FPPC Regulation with the requirements. | ılations 18944.1 and 18942. I have v | erified that the distribution set forth abo | ove, is in accordance |
|---|--------------------------------------|---|-----------------------|
| | RONAN BARATIAK | Assoc. Director | 2/13/17 |
| Signature of Agency Head or Designee | Print Name | Title | (rhonth 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) Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) Yachel. leslie@-ditsandicctures. Date of Original Filing: (month, day, year) **Function or Event Information** Face Value of Each Ticket/Pass \$ $\frac{45}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: The Chieftains, performance Date(s) 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** B. Name of Individual 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Alpha Resource Center, 4501 Cathedral Oaks Public Service 4 Rd, Santa Barbara, CA 93110 Casa Dorinda Retirement Residence Public Service 20

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.

Print Name

Signature of Agency Head or Designee

Roman Baratiak, Associate Director

Title

(month, day year)

Comment:

4. Verification

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

3.



| Recipients | | |
|---|-----------------------------------|--|
| • Use Section A to identify the agency's department or uni | | dentify 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 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: |
| | 2 | 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 |
| Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111 | 10 | Public Service |
| Peoples' Self-Help Housing Corporation 26 E Victoria St, Santa Barbara, CA 93101 | 2 | Public Service |

| A-4- 0 I I | | | Date Stamp | California OOO |
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| Arts & Lectures | | | *** | Form 802 |
| Division, Department, or Region (if applicable) | | | · · | For Official Use Only |
| University of California | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Kachel Leslie, Mar. of Ticke | ting no | rations | Amondment (Mark D | rovide Explanation in Part 3.) |
| area Code/Phone Number F-mail | 1 1 | 17 | Amendment (Must Pi | rovide Explanation in Part 3.) |
| 95-893-3458 Pachal leslie | 60 21159 60 cdu | notectures | Date of Original Filing: _ | (month, day, year) |
| Function or Event Information | | | | |
| Does the agency have a ticket policy? Yes | ⊠ No□ I | Face Value of | Each Ticket/Pass \$ $\frac{45}{}$ | j |
| Event Description: Yuja Wang, performance Provide Title/ Expla | anation | Date(s)2 | , 13 , 17 | |
| Ticket(s)/Pass(es) provided by agency? Yes | ⊠ No □ I | f no: | | |
| | | . 20 | Name of Source | |
| Was ticket distribution made at the behest Yes | ⊠ No □ | f yes: <i>O(</i> | Official's Name (Last, First) | (1) |
| of agency official? | | | | |
| Recipients | | | | |
| • Use Section A to identify the agency'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, Department or Unit | Number of Ticket(s)/ Passes | | e public purpose made purs | |
| UCSB Department of Music | 2 | Public Service | ce / Faculty | |
| | 1 | 1 | | |
| R Name of Individual | Number of Ticket(s)/ | | Identify one of the fo | Mowing: |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: |
| (Last, First) | of Ticket(s)/ | 12/2/20/20 | onial Role Other 🗵 | Income |
| | of Ticket(s)/ | 12/2/20/20 | | Income |
| (Last, First) Karahalios, Gregory | of Ticket(s)/ Passes | 12/2/20/20 | onial Role Other Xing "Ceremonial Role" or "Other" desc | Income |
| (Last, First) Karahalios, Gregory | of Ticket(s)/ Passes | Public Servic | onial Role Other Xing "Ceremonial Role" or "Other" desc | Income In |
| (Last, First) Karahalios, Gregory Consulate General of Greece | of Ticket(s)/ Passes | Public Servic | onial Role Other Sing "Ceremonial Role" or "Other" described. | Incom- |
| (Last, First) Karahalios, Gregory | of Ticket(s)/ Passes 3 Number of Ticket(s)/ Passes | Public Servic Cerem If check Describe the | onial Role Other Sing "Ceremonial Role" or "Other" describe December Other Other or "Other" describe on a Ceremonial Role or "Other" describe public purpose made purs | Income cribe below: Income cribe below: uant to the agency's policy |