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 \$ $\frac{85.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Annie Leibovitz / Lecture Date(s) 02 / 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes ☑ 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 A. of Ticket(s)/ **Passes** KCSB Radio Public Service 4 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Public Service Food from the Heart 2 909 N La Cumbre Rd, SB 93110 Public Service Sacramento Speakers Series 2 3001 I St #300, Sacramento, CA 95816

4. Verification

	2
k, Associate Director	3/5/19
Title	(morth, day, year)
ŀ	K, Associate Director Title

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: _ rachel.leslie@artsandlectures.ucsb.edu (805) 893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 18 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 02 / 27 / Event Description: Banff, film 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 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below 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 Draughtsmen Aleworks 53 Santa Felicia Dr, Goleta, CA 93117

Signature of Agency Head or Designee Print Name Title month, day, [year]

Comment:

I have read and understand ₱PPC ₨egulations 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 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 18 Yes⊠ No□ Event Description: Banff, film Date(s) __02 / 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 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) Passes Draughtsmen Aleworks Public Service 4 53 Santa Felicia Dr, 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: _

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 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 \$ 40.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Danish String Quartet, Campbell Hall Date(s) _02 / 13 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** UCSB Ecology, Evolution, & Marine Biology Public Service 2 **UCSB Music** Public Service 10 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

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 Baratial Assoc. Director 2/19
Print Name Title (month, g

4. Verification

Comment: _

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



Agency Name		
ts & Lectures		
Recipients • Use Section A to identify the agency's department or uni	it. • 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 Music	1	Public Service / Faculty
UCSB Theater/Dance	2	Public Service / Department Chair
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
(Last, First)	Passes	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
		Ceremonial Role Other Income Income
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

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 \$ 54.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Doris Kearns Goodwin / Lecture Date(s) _02 / 22 / 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 A. of Ticket(s)/ Passes N/A 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: Other Ceremonial Role 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 Public Service Fielding Graduate University 2 2020 De La Vina St, SB, CA 93105 Public Service Santa Barbara Symphony 1

1330 State St Ste 102, SB, CA 93101

ŀ.	Verification			
	I have read and understand FPPC Reg with the requirements.	gulations 18944.1 and 18942. I have ver Roman Baratiak, A	rified that the distribution set for ssociate Director	th above, is in accordance 2/28/19
	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 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 \$ 49.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jessica Lang / Performance</u> Date(s) __02 / 21 / 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 Theater & Dance Dept** Faculty and Chair 5 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income NA 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. 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

Print Name

Signature of Agency Head or Designee

Comment:

Title

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 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 \$ 62.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kodo, 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** Viva el Arte Public Service 2 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 Alpha Resource Center Public Servcie 12 4501 Cathedral Oaks Rd, SB, CA 93110 Food from the Heart Public Service 909 N La Cumbre Rd, Santa Barbara 93110 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 Roman Baratiak, Associate Director with the requirements. Signature of Agency Head or Designee Print Name

Agency Report of:

Comment:

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



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	N/A
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
N/A	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
La Colina Junior High School 4025 Foothill Rd, Santa Barbara, CA 93110	2	Public Service
<u> </u>		

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 \$ $\frac{37.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: New York Polyphony / Performance Date(s) __02__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source 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** NA Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other ___ Income ___ NA 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 Opera Santa Barbara Public Service 1 1330 State St #209 Santa Barbara, CA 93101 Santa Barbara City College Public Service

721 Cliff Dr Santa Barbara, CA 93109	4	,	
Verification I have read and understand FPPC Regulations 18944 with the requirements.		. I have verified that the distribution set forth a	bove, is in accordance
	rint Name	Title	(month, day, year)
Comment:			

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

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1.	Agency Name				Date Stamp	California OOO		
	Arts & Lectures			Form 802				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	University of California		31					
	Designated Agency Contact	(Name, Title)		(2)				
	Rachel Leslie, Manager of 7	Ticketing Operations						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)		
	(805) 893-3458	rachel.leslie@artsa	andlectures.u	csb.edu	Date of Original Filing:	(month, day, year)		
2. Function or Event Information								
	Does the agency have a tick	ket policy? Yes	⊠ No □ I	ace Value of I	Each Ticket/Pass \$ 57.0	00		
	Event Description: The 7 Fire			Date(s)02/				
	Ticket(s)/Pass(es) provided	1.50		f no:	Name of Source			
	Was ticket distribution made	at the behest Ves		f yes:				
	of agency official?	165			Official's Name (Last, First)	A TEXP TO THE PERSON OF THE PE		
					,			
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 Number Describe the public purpose made pursuant to the agen							
	N/A	N/A	N/A					
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the follo	owing:			
					onial Role Other on "Other" descri	Income Income		
					onial Role Other on "Other" describ	Income De below:		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy		
	Alpha Resource Center 4501 Cathedral Oaks Rd, S	SB, CA, 93110	12	Public Servic	е			
	Yardi Systems 430 S Fairview Ave, Goleta	ı, CA 93117	32	Public Service	е			
4.	Verification							
	I have read and understand FPF with the requirements.	Po Regulations 18944	.1 and 18942.	I have verified th	aat the distribution set forth	above, is in accordance		
-	No to the second	$\langle $	Roma	n Baratiak, Asso	ciate Director	2/12/9		
	Signature of Agency Head or Designe	ee Pr	int 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 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 \$ 44.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Snarky Puppy / Performance Date(s) _02 / 24 / 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **UCSB Theater & Dance Dept** Department Chair 2 **UCSB Music Dept** Staff & Faculty 8 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income NA 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** San Marcos High School Public Service 1 4750 Hollister Ave, SB, CA 93110

1.	Verification			
	I have read and understand FRPC Regulith the requirements.	ulations 18944.1 and 18942. I have ve	rified that the distribution set for	th above, is in accordance
-	B	Roman Baratiak, A	ssociate Director	2/28/19
	Signature of Agency Head or Designee	Print Name	Title	(mpnth, day, year)
	Comment:			