Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **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 \$ 20 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Bertie Gregory - Lecture Date(s) \_ 01 / 13 / 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 Public Service / Faculty **UCSB Marine Science Institute** 5 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 N/A N/A

4. Verification

I have read and understand TPP	Regulations	16944. Faria 16942. Friave verified trial the distribution set forth above	, is ill acco	liualice
with the requirements.			1 /	1
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Signature of Approvidend or Designed

Print Nikoman Baratiak, Associate Director

(month,

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 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 \$  $\frac{20}{100}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Black Violin / Performing Arts Date(s) \_\_01\_\_/ 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 Theater & Dance Dept** Public Service / Dept Chair 2 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Adelante Charter School Public Service 20 1102 E Yanonali St, Santa Barbara 93103 Public Service Adams Elementary School 20 2701 Las Positas Rd, Santa Barbara 93105

#### 4. Verification

Comment: \_

I have read and understand FPP	Regulations	18944.1 and 18942	. I have verified that the	distribution set forth above,	is in acco	ordance
with the requirements.	Service Control of the Control of th				1	,

12	Roman Baratiak, Assoc	ciate Director	1/29/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

St. Mary of the Assumption

424 E Cypress St, Santa Maria, 93454



ency Name & 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
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 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:
		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
McKinley Elementary School 350 Loma Alta Dr, Santa Barbara, 93109	20	Public Service
Monroe Elementary School 431 Flora Vista Dr, Santa Barbara 93109	20	Public Service
Peabody Charter School 3018 Calle Noguera, Santa Barbara 93105	20	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 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 Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 20 Does the agency have a ticket policy? Event Description: Black Violin / Performing Arts Date(s) \_\_01 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? 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. 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 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 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 of Ticket(s)/ (include address and description) Passes St. Raphael School Public Service 20 160 St Josephs St, Santa Barbara 93111

#### 4. Verification

I have read and understand	FPPC F	egulations	18944.1 and 18942	. I have verified that the	distribution set forth above.	is in	accordance
with the requirements.						1	1

Roman Baratiak, Associate Director

Signature of Agency Head or Designee Print Name Title

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				**	
	Designated Agency Contact	(Name, Title)			*	
	Rachel Leslie, Manager of 7	icketing Operations	i		Amondment (4(B.	its Fateuriania Barton
	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:	(month, day, year)
2.	Function or Event Infor	l mation				(monal, day, year)
	Does the agency have a tick		⊠ No□ I	Face Value of I	Each Ticket/Pass \$ 35.0	00
	Event Description: George	Saunders, lecture		Date(s)1/		
	Tiplot(a)/Daga(as) provided	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ I	t no:	Name of Source	_
	Was ticket distribution made	at the behest Yes		f yes:		
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
٥.	• 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	y an outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made pursu	
			Passes			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
					onial Role Other Onial Role Other Other	Income D
				Ceremo	onial Role Other	Income
				If checki	ng "Ceremonial Role" or "Other" descri	
	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
	Santa Barbara Public Libra		2	Public Servic	е	
	40 E Anapamu St, SB, 931	01				
	Verification	1				
	I have read and understand FPI	PC Regulations 18944	1.1 and 18942.	I have verified th	at the distribution set fortl	h above, is in accordance
	with the requirements.	$\mathcal{A}$	Roman Bara	atiak, Associate	Director	
	Dettu					1/29/19
	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

### Agency Report of:

0 , .					
Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions

**A Public Document** 

Division, Department, or Region (if applicable)  University of California  Designated Agency Contact (Name, Title)  Rachel Leslie, Manager of Ticketing Operations  Area Code/Phone Number (805) 893-3458  E-mail rachel.leslie@artsandlectures.ucsb.edu  Date of Original Filing: (month, day, year)  2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: Jon Batiste / Performing Arts Date(s) 01 11 19 19 1 19 1 19 1 19 1 19 1 19 1	1.	Agency Name			Date Stamp	California 802
University of California  Designated Agency Contact (Name, Title)  Rachel Leslie, Manager of Ticketing Operations  Area Code/Phone Number [E-mail (805) 893-3458		Arts & Lectures		Form OUZ		
Designated Agency Contact (Name, Title)     Rachel Leslie, Manager of Ticketing Operations     Area Code/Phone Number   E-mail     (805) 893-3458   rachel.leslie@artsandlectures.ucsb.edu     Date of Original Filling:		Division, Department, or Region (if applicable)		For Official Use Only		
Rachel Leslie, Manager of Ticketing Operations  Area Code/Phone Number (805) 893-3458  Zerotion or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45  Event Description: Jon Batiste / Performing Arts Date (s) 01 / 11 / 19  Was ticket distribution made at the behest Yes No fagency? Yes No fagency of agency official?  A. Name of Agency, 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 Passes  UCSB Black Studies  Describe the public purpose made pursuant to the agency's policy Passes  N/A  Number of Ticket(s)/ Passes  N/A  Number of Ticket(s)/ Passes  N/A  Number of Ticket(s)/ Passes  N/A  Number of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  N/A  N/A  Number of Outside Organization (include address and description)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/						
Area Code/Phone Number		Designated Agency Contact (Name, Title)				
Rection of Event Information   Does the agency have a ticket policy?   Yes ⊠ No   Face Value of Each Ticket(Pass \$ \frac{45}{5}			5		Amendment (Must Pro	vide Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 45  Event Description: Jon Batiste / Performing Arts Provide Take Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no: Was ticket distribution made at the behest Yes ☒ No ☐ If yes:  Was ticket distribution made at the behest Yes ☒ No ☐ If yes:  Official's Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes:  Official's Name (Last, First)  A. Name of Agency, Department or Unit  Of Ticket(s)/Passes  UCSB Black Studies  2. Public Service / Faculity  B. Name of Individual (Last, First)  N/A  Number of Ticket(s)/Passes  N/A  Number of T		Area Code/Phone Number E-mail				77
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{45}{25}\$  Event Description: Jon Batiste / Performing Arts  Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 01 11 19		(805) 893-3458 rachel.leslie@arts	andlectures.u	csb.edu	Date of Original Filing:	(month, day, year)
Event Description: Jon Batiste / Performing Arts  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes \( \) No \( \) If no: \( \) Name of Source  Was ticket distribution made at the behest Yes \( \) No \( \) If yes: \( \) Official's Name (Last, First) \( \)  3. Recipients  * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit or Ticket(s)/ Passes  UCSB Black Studies  2. Public Service / Faculty  B. Name of Individual (Last, First)  B. Name of Individual (Last, First)  Passes  Ceremonial Role \( \) Other \( \) Other \( \) Income \( \) Income \( \) If the closing "Ceremonial Role" or "Other describe below.  C. Name of Outside Organization (Include address and description)  N/A  N/A  4. Verification  I have read and understand-EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Pront NaRoman Beretiak, Associate Director  Title  Ti	2.	Function or Event Information			45	
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source   Name of Source		Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 45	
Was ticket distribution made at the behest Yes No   If yes:		Event Description: Jon Batiste / Performing Arts		Date(s)	<u>, 11 , 19</u> _	
Was ticket distribution made at the behest Yes No   If yes:		Ticket(s)/Pass(es) provided by agency? Yes	⊠ No □ I	f no:		
3. Recipients  - Use Section A to Identify the agency's department or unit.  - Use Section B to Identify an individual.  - Use Section C to Identify an outside organization.  A. Name of Agency, Department or Unit  - Describe the public purpose made pursuant to the agency's policy  - Public Service / Faculty  B. Name of Individual  - Number of Ticket(s)  - Public Service / Faculty  - Resease  - Ceremonial Role   Other   Income    - Inc		Marie Called Batch Comment and the ball and				
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    Oncive(s)   Describe the public purpose made pursuant to the agency's policy Passes    Describe the public purpose made pursuant to the agency's policy			⊠ No □ '	i yes	Official's Name (Last, First)	444
- Use Section A to identify the agency's department or unit.  - Number of Agency, Department or Unit  - Number of Ticket(s)/ Passes  - Public Service / Faculty  - Public Service / Faculty  - B. Name of Individual (Last. First)  - Number of Ticket(s)/ Passes  - Public Service / Faculty  - Public Service / Faculty  - B. Name of Individual (Last. First)  - Number of Ticket(s)/ Passes  - Ceremonial Role   Other   Income   I		of agency official?				
A. Name of Agency, Department or Unit of Ticket(s)/ Passes  UCSB Black Studies  2 Public Service / Faculty  B. Name of Individual (Last, First)  N/A    Number of Ticket(s)/ Passes	3.	Recipients			drines of the second	
A. Name of Agency, Department or Unit of Ticket(s)/ Passes  UCSB Black Studies  2 Public Service / Faculty  B. Name of Individual (Last, First) Passes  NI/A   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		• Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identif	y an outside organization.
B. Name of Individual (Last, First)  N/A    Ceremonial Role   Other   Income   Incom		A. Name of Agency, Department or Unit	of Ticket(s)/	Describe th	e public purpose made pursu	uant to the agency's policy
Name of Individual (Last, First)   Passes   Identify one of the following:		UCSB Black Studies	2	Public Service	ce / Faculty	
C. Name of Outside Organization (include address and description)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/			of Ticket(s)/		Identify one of the fol	lowing:
Name of Outside Organization (include address and description)  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		N/A		1		
C. Name of Outside Organization (include address and description)  of Ticket(s)/ Passes  N/A  N/A  N/A  N/A  N/A  Verification  I have read and understand EPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Print Name of Outside Organization (include address and description)  Passes  Describe the public purpose made pursuant to the agency's policy  N/A  N/A  Title  Title  I have verified that the distribution set forth above, is in accordance with the requirements.  Print Name of Outside Organization (include address and description)  Print Name of Outside Organization (include address and description)  N/A  Title  Title  I have verified that the distribution set forth above, is in accordance organization.  Print Name of Outside Organization (include address and description)  N/A				1.2220020000		
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 Na Roman Baratiak, Associate Director  Print Na Roman Baratiak, Associate Director  I title  I month, day, year)			of Ticket(s)/	Describe the	e public purpose made pursu	uant to the agency's policy
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.    RemarkBallana, Associate Director		N/A		N/A	(3)	
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.    RemarkBallana, Associate Director						1
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.    RemarkBallana, Associate Director	4	Verification	1		100000000000000000000000000000000000000	21 M. J. J. 24 M. S.
, ,	_	I have read and understand EPPO Regulations 1894 with the requirements.		PENSK, ASSOCIATE	isa hismos	th above, is in accordance
			Print Nai <b>Roman E</b>	Safatisk, Associa	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 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 \$ 33.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_01 / 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** UCSB Arts & Lectures Dept Public Service 13 UCSB East Asian Languages & Cultural Public Service / Faculty 2 Studies 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Greek Consulate General in Los Angeles Public Service 2 12424 Wilshire Blvd #1170, LosAngeles90025 Public Service Music Teachers Association of California 25 833 Market St #900, San Francisco, CA 94103

4. Verification

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

Roman Baratiak, Associate Director

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)



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Arts & Lectures

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· Use Section A to identify the agency's department or unit.	<ul> <li>Use Section B to identify an individual.</li> </ul>	<ul> <li>Use Section C to identify an outside organization</li> </ul>
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Religious Studies	2	Public Service / Faculty
UCSB Accounting Services	2	Public Service / Staff
UCSB Administrative Services	2	Public Service / Staff
UCSB Admissions Office	2	Public Service / 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
Santa Barbara Strings PO Box 61401, Santa Barbara, 93160	23	Public Service
SB Youth Symphony 1330 State St # 102, Santa Barbara,CA 93101	22	Public Service

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 \$ 33.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_\_01 / 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 **UCSB Alumni Association** Public Service / Staff 2 UCSB Anthropology Dept. Public Service / Faculty 2 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. Other Income \_\_\_ Ceremonial Role 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 N/A N/A N/A

I have read and understand FPP¢ 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 N	ame
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Arts & Lectures

### 3. Recipients

	Number	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Brenn School of Environmental Science	2	Public Service / Staff
UCSB Business & Financial Services	2	Public Service / Staff
UCSB California Nanosystems Institute	2	Public Service / Staff
UCSB Chemical Engineering Dept	4	Public Service / Staff & Faculty
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	N/A

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 \$ 33.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_\_01\_\_/ 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. A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB Chemistry Dept** Public Service / Faculty 2 UCSB Children's Center Public Service / Staff 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other  $\square$ N/A 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 N/A N/A N/A

#### 4. Verification

Comment:

I have read and understand FPI	RC Regulations 18944.1 and 1894:	<ol><li>I have verified that the distribution set forth a</li></ol>	above, is in accordance
with the requirements. 👔 📗	/\		
	- Rc	man Baratiak, Associate Director	. 1

2 1	Roman Barat	liak, Associates 2	2/4/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, ye.



Agency Name		
Arts & Lectures		

#### Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Davison Library	6	Public Service / Staff
UCSB Design & Construction Services	2	Public Service / Staff
UCSB Disabled Student Program	2	Public Service / Staff
UCSB Earth Science Dept	2	Public Service / 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	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 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 \$ 33.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_\_01\_\_/ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB ECE Dept** Public Service / Faculty 2 **UCSB Economics Dept** Public Service / Staff & Faculty 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 N/A N/A N/A

I have read and understand FP#C 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

Title (month, day, year)



Agency Name	 			3118.	
Arts & Lectures					

#### Recipients

Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
14	Public Service / Staff
2	Public Service / Faculty
4	Public Service / Staff & Faculty
6	Public Service / Staff
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 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	N/A
	Number of Ticket(s)/ Passes  14  2  4  6  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes

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 \$  $\frac{33.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_01 / 25 / 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 Environmental Studies** Public Service / Staff 4 **UCSB Facilities Management** Public Service / Staff 12 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) 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 N/A N/A N/A

### 4. Verification

I have read and understand FPPC Reg with the requirements.	ulations 18944.1 and 18942. I have ve Roman Baratiak, A	erified that the distribution set fo Associate Director	rth above, is in accordance
Roll			2/4/19
Signature of Agency Head or Designee	Print Name	Title	(month, pay, year)
Comment:			



Agency	Name
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Arts & Lectures

#### Recipients

ose section A to identify the agency's department of diffe.	Number	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Feminist Studies	2	Public Service / Staff
UCSB Film & Media Studies Dept.	2	Public Service / Faculty
UCSB Financial Aid & Scholarships Office	2	Public Service / Staff
UCSB Global & International Studies Program	4	Public Service / Staff & Faculty
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 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
N/A	N/A	N/A

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

#### A Public Document

_	Cicinoma Itole Even	to and moncon	uss Disti	ibutions	A Fubile Document		
1.	Agency Name			1,175	Date Stamp California 802		
	Arts & Lectures		Form OUZ				
	Division, Department, or Reg	ion (if applicable)	For Official Use Only				
	University of California						
	Designated Agency Contact	(Name, Title)	1				
	Rachel Leslie, Manager of 1	Ticketing Operations					
	Area Code/Phone Number	E-mail			Amendment (Must Provide 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 Infor				(month, day, year)		
	Does the agency have a ticl	ket policy?	⊠ No□ I	Face Value of I	Each Ticket/Pass \$ 33.00		
	Event Description: Leonidas		ng Arts		, 25 , 19		
	Ticket(s)/Pass(es) provided	32		f no:			
	noket(3)/1 ass(es) provided	by agency: Yes	י וויסאו וא	1110.	Name of Source		
	Was ticket distribution made	at the behest Yes	XI No II	f yes:	Official's Name (Last, First)		
	of agency official?	,			Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •		identify an individ	lual. • 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		
	UCSB Graduate Division		4	Public Service	ce / Staff		
	UCSB History Dept		2	Public Service	Public Service / Faculty		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the following:		
	N/A			1	nonial Role Other Income in Income in Income in Income in Income Income in Income		
				1	nonial Role Other Income in Income in Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy		
	N/A		N/A	N/A			
4.	Verification I have read and understand FP with the requirements.  Signature of Agency Head or Design			I have verified the	that the distribution set forth above, is in accordance ciate Director  Title  Z/L/) 9 /(montly, day, year)		
	Comment:						



Agency Name			
Arts & 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 Housing & Residential Services	4	Public Service / Staff			
UCSB Information Systems & Computing Dept.	2	Public Service / Staff			
UCSB Institute for Social, Behavioral and Economic	2	Public Service / Staff			
UCSB Institutional Advancement Division	2	Public Service / 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:			
3000		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	N/A			
		I .			

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 (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 \$ 33.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_\_01 / 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** UCSB Instructional Development Dept. Public Service / Staff 4 **UCSB International Students & Scholars** Public Service / Staff 4 Office 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** N/A N/A N/A

#### 4. Verification

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

	Roman Baratiak, Associate Direct
Signature of Adency Head or Deciance	Print Name

Comment: \_\_



Α	gency Name	
Arts	s & Lectures	
3.	Recipients	
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.	_

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Marine Science Institute	6	Public Service / Staff & Faculty
UCSB Materials Dept.	4	Public Service / Staff & Faculty
UCSB Mathematical, Life and Physical Science	6	Public Service / Faculty
UCSB Music Dept	18	Public Service / Faculty
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 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	N/A

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 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 \$  $\frac{33.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_ 01 / 25 / 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** UCSB Physics Dept. Public Service / Staff & Faculty 6 UCSB Political Science Dept. Public Service / Staff & Faculty 8 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: Other Ceremonial Role 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 N/A N/A N/A

4.	٧	е	r	1	ti	C	a	ti	0	r	1

Thave read and understand FFA	C Regulations 10944.1 and	i 16942. I Have verilled trial trie distribution set fort	tri above, is in accordance
with the requirements. ∧			
BALL	Ro	oman Baratiak, Associate Director	2/4/19

Signature of Agency Head or Designee Print Name

Comment: \_



Agency	Name
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Arts & Lectures

### 3. Recipients

· Use Section A to identify the agency's department or unit	<ul> <li>Use Section B to identify an individual.</li> </ul>	<ul> <li>Use Section C to identify an outside organization.</li> </ul>
---	--	--

	Number	Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's poncy
UCSB Psychological & Brain Sciences Dept.	16	Public Service / Staff & Faculty
UCSB Purchasing Unit	2	Public Service / Staff
UCSB Registrar's Office	2	Public Service / Staff
UCSB South Hall Administrative Support Center	2	Public Service / 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:
	i	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	N/A

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 \$ 33.00 Yes ⊠ No □ Event Description: Leonidas Kavakos / Performing Arts Date(s) \_01 / Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If 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** UCSB Student Affairs Administrative Services Public Service / Staff 2 UCSB Student Health Dept. Public Service / Staff 8 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** N/A 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 N/A 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.

Signature of Agency Flead or Designee Print Name Title

(month, day, year)

Comment: \_



ency Name								
& Lectures								
Recipients  • Use Section A to identify the agency's department or unit.	ntify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizatio							
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
UCSB Student Information Systems and Technology	8	Public Service / Staff						
UCSB Theater & Dance Dept	2	Public Service / Dept Chair						
UCSB Theoretical Physics Institute	4	Public Service / Staff						
UCSB Ucen Operations Dept	2	Public Service / 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  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						
N/A	N/A	N/A						

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 (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 \$ 38.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Martha Redbone, performance Date(s) \_\_1 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 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 Music Faculty / Public Service 2 UCSB Student Affairs Administrative Services Staff / Public Service 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

	16	 1	1	1-	 000	In	

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

Signature of Agency Head or Designee Print Name

Title

(rhonth, day, year)

Comment:

4. Verification

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 \$ 35 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Quote Unquote / Performing Arts Date(s) \_ 01 / 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: \_ 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 Public Service / Faculty / Dept Chair 4 **UCSB Women's Center** Public Service / Faculty 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** N/A 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 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 FPAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

Roman Baratiak, Associate Director

Title

(month, day, year)

with the requirements

	gency Report of: eremonial Role Even	ts and Ticket/I	Paee Dietr	ihutions	Δ	Public Document	
-	Agency Name	its and Ticketh	433 01311	ibutions	Date Stamp	California OOO	
	Arts & Lectures			Form 802			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	University of California					7	
	Designated Agency Contact	(Name, Title)		N 199 W. 1			
	Rachel Leslie, Manager of	Ficketing Operations	5		- Amandmant (14 v C	)	
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)	
	(805) 893-3458	rachel.leslie@arts	andlectures.u	csb.edu	Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 20	0.00	
	Event Description: Tracy K.	Smith / Lecture					
	Ticket(s)/Pass(es) provided			f no:			
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No□ I	f yes:	Official's Name (Last, First)		
3.	Recipients  • Use Section A to identify the agen	ncy's department or unit.	• Use Section B to	identify an individ	dual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	UCSB English Dept	*	4	Public Servi	ce / Faculty		
	UCSB Writing Program		4	Public Servi	ce / Faculty		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	N/A				nonial Role Other king "Ceremonial Role" or "Other" de:		
				Cerem	nonial Role Other	] Income [	

		1	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			
Midland School 5100 Figueroa Mountain RdLos Olivos93441		7	Public Service			
Santa Barbara High School 700 E Anapamu St, Santa Barbara, 93101		2	Public Service			

4.	V					

I have read and understand FPPC Regul	ations 18944.1 and 18942. I have ve	rified that the distribution set for	th above, is in accordance
with the requirements.	Roman Baratiak, Asso	ciate Director	2/4/19
Signature of Agency Head or Designee	Print Name	Title	(mbnth, day, year)
Comment:		112 11200	

3.



gency Name		
Recipients	• Use Continu D to	identify an individual a Use Section C to identify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	identify an individual. • Use Section C to identify an outside organization.  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 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:
		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
Santa Barbara City College 721 Cliff Dr, Santa Barbara, CA 93109	1	Public Service
		*

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 45.00 Yes ⊠ No □ Event Description: Les Ballets Trockadero, performance Date(s) \_\_1\_\_/\_27\_\_/\_ 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** UCSB Department of Theater/Dance Faculty / Public Service 3 UCSB Department of Theater/Dance Department Chair / Public Service 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Guadalupe-Nipomo Dunes Center Public Servcie 2 1065 Guadalupe St, Guadalupe, CA 93434 4. Verification

Roman Baratiak, Associate Director

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

Comment:

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.