| C | eremonial Role Even | ts and Ticket/F | Α | Public Document | | |
|----|---|---------------------------------------|-----------------------------------|-------------------------|--|-------------------------------|
| 1. | Agency Name | | | | Date Stamp | California Form 802 |
| | Arts & Lectures | | | | | |
| | Division, Department, or Region (if applicable) | | | | 1 . | For Official Use Only |
| | University of California | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Rachel Leslie, Manager of | Ficketing Operations | | | | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | ¥3 | | evide Explanation in Fart 5.7 |
| | (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 tic | ket policy? Yes | | ace Value of | Each Ticket/Pass \$ | .00 |
| | Event Description: Joffrey E | Ballet / Performance | | Date(s) <u>03</u> | / <u>05/19</u> | / |
| | Ticket(s)/Pass(es) provided | Provide Title/ Explain by agency? Yes | | f no: | Name of Source | |
| | | | | | | |
| | Was ticket distribution made at the behest Yes No If yes: of agency official? | | | | Official's Name (Last, First) | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the ager | cy's department or unit. | • Use Section B to | identify an individ | lual. • Use Section C to identi | fy an outside organization. |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Passes | Describe th | Describe the public purpose made pursuant to the agency's policy | |
| | UCSB Theater & Dance D | Dept | 7 | Faculty and | Chair | |
| | B. Name of Ind | | Number of Ticket(s)/ | | Identify one of the fo | llowing: |
| | (Last, Fir | st) | Passes | | | |
| | NA | | | | nonial Role DOther D king "Ceremonial Role" or "Other" desc | Income |
| | | | | 5.0.0 March 1990 (1990) | nonial Role Other desc king "Ceremonial Role" or "Other" desc | Income |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | Food from the Heart 909 N La Cumbre Rd, SB, | CA 93110 | 2 | Public Servi | ce | |
| | La Colina Junior High Sch 4025 Foothill Rd, Santa Ba | | 2 | Public Servi | ce | |

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.

4 4 Signature of Agency Head or Designee

Roman Baratiak, Associate Director Print Name

(month, day, year,

Comment:

Title



Agency Name

Arts & Lectures

3. Recipients

| 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 | | |
| | | |
| 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 Income |
| | | Ceremonial Role Other I 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 |
| N/A | | |
| | | |
| | | |
| | | |

| Ceremonial Role Events and Ticket/Pass Distributions | | | | | A | Public Document |
|--|--|---|---|-------------------|--|--|
| ۱. | Agency Name | | | | Date Stamp | California 802 Form |
| | Arts & Lectures | | | | | Form OUZ |
| | Division, Department, or Reg | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | University of California | University of California | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | 1971. 1 |
| | Rachel Leslie, Manager of T | Ficketing Operations | 5 | | | |
| | Area Code/Phone Number | E-mail | | | _ | rovide 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 | | | | n ann an ann an Ann ann an Allanna deilte a' sa tri ann ann an Ann ann ann an Ann ann an Ann ann a |
| | Does the agency have a tick | ket policy? Yes | | ace Value of | Each Ticket/Pass \$ 7. | 00 |
| | | | | | | |
| | Event Description: Mountain | Provide Title/ Expl | anation | Date(s) <u>03</u> | | / |
| | Ticket(s)/Pass(es) provided | | | f no: | | |
| | | | | | Name of Source | |
| | Was ticket distribution made | e at the behest Yes | No DI | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | Onicial's Name (Last, Thist) | |
| | • Use Section A to identify the agen • Use Section A to identify the agen A. | The second second | • Use Section B to Number of Ticket(s)/ Passes | | | ify an outside organization. suant to the agency's policy |
| | Arts & Lectures | | 29 | Public Servic | ce / TLI Outreach | |
| | Walter H Capps Center | | | | | |
| | B. Name of Indi (Last, First | | Number of Ticket(s)/ Passes | | Identify one of the fo | llowing: |
| | N/A | | | | ionial Role Other ing "Ceremonial Role" or "Other" des | Income 🔲 |
| | | | | | ionial Role Other ing "Ceremonial Role" or "Other" des | Income |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | Adams Elementary School 2701 Las Positas Rd, SB, | | 20 | Public Servic | ce | |
| | Adelante Charter School 1102 E Yanonali St, SB, C | A 93103 | 20 | Public Servic | ce | |

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



Agency Name

Arts & Lectures

3. Recipients

| 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 I 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 |
| Alpha Resource Center 4501 Cathedral Oaks Rd, SB, CA 93110 | 10 | Public Service |
| McKinley Elementary School 350 Loma Alta Dr, SB, CA 93109 | 20 | Public Service |
| Monroe Elementary School 431 Flora Vista Dr, SB, CA 93109 | 20 | Public Service |
| Peabody Charter School 3018 Calle Noguera, SB, CA 93105 | 4 | Public Service |

| | gency Report of: eremonial Role Even | ts and Ticket/F | Pass Distr | ibutions | | A Public D | ocument |
|----|--|--|---|--|--|--|-------------------------|
| 1. | Agency Name Arts & Lectures Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) | | | | Date Stamp | Californ Form For Office | ia 802 cial Use Only |
| | Rachel Leslie, Manager of Ticketing Operations | | | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (M | lust Provide Explanatio | n in Part 3.) |
| a | (805) 893-3458 | rachel.leslie@arts | andlectures.u | csb.edu | Date of Original Fili | ing:(month, day, | year) |
| 2. | Function or Event Inform Does the agency have a tick Event Description: <u>Anne-So</u> Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? | tet policy? Yes phie Mutter / Perfor <i>Provide Title/ Expla</i> by agency? Yes | mance anation No 🗌 🛛 | Date(s) | Each Ticket/Pass \$ <u>08</u> <u>19</u> Name of Source Official's Name (Last, F | / | |
| 3. | Use Section A to identify the agency's department or unit. Use Section B to identify Number of Agency, Department or Unit | | identify an individ | ual. • Use Section C to i | identify an outside of | rganization. | |
| | A. Name of Agency, Depa | rtment or Unit | | Describe th | e public purpose made | e pursuant to the ag | ency's policy |
| | A. Name of Agency, Depa UCSB History of Art & Arc | | of Ticket(s)/ | Describe th Staff | e public purpose made | e pursuant to the ag | ency's policy |
| | | | of Ticket(s)/ Passes | | | e pursuant to the ag | ency's policy |
| | UCSB History of Art & Arc | hitechture | of Ticket(s)/ Passes 2 | Staff | | | ency's policy |
| | UCSB History of Art & Arc UCSB Arts & Lectures B. Name of Indi | hitechture | of Ticket(s)/ Passes 2 32 Number of Ticket(s)/ | Staff Public Servie Cerem | Ce Identify one of t | the following: | ency's policy |
| | UCSB History of Art & Arc UCSB Arts & Lectures B. Name of Indi (Last, Fire | hitechture | of Ticket(s)/ Passes 2 32 Number of Ticket(s)/ | Staff Public Servie Cerem If check Cerem | Ce Identify one of f | the following: er er" describe below: er | |
| | UCSB History of Art & Arc UCSB Arts & Lectures B. Name of Indi (Last, Fire | hitechture vidual st) | of Ticket(s)/ Passes 2 32 Number of Ticket(s)/ | Staff Public Servie Cerem If check | Identify one of f | the following: er er" describe below: er er" describe below: | |
| | UCSB History of Art & Arc UCSB Arts & Lectures B. Name of Indi (Last, First) NA | hitechture vidual st) rganization description) on of California | of Ticket(s)/ Passes 2 32 Number of Ticket(s)/ Passes | Staff Public Servie Cerem If check | Ce Identify one of the nonial Role D Othe ing "Ceremonial Role" or "Othe ing "Ceremonial Role" or "Othe ing "Ceremonial Role" or "Othe e public purpose made | the following: er er" describe below: er er" describe below: | |

| i nave read and understand TPRC Regulati | ons 18944.1 and 18942.1 nave \ | ventied that the distribution set forth a | above, is in accordance |
|--|--------------------------------|---|-------------------------|
| with the requirements. | Roman Bara | atiak, Associate Director | 3/18/14 |
| Signature of Agency Head or Designee | Print Name | Title | (rhonth, day, year) |

K 1 Signature of Agency Head or Designee Print Name Title

Comment: _



Agency Name

Arts & Lectures

3. 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 Administrative Services Division 4 | | Staff | | |
| UCSB Anthropology Dept | 2 | Faculty | | |
| UCSB Art, Design & Architecture Museum | 2 | Staff | | |
| UCSB Arts & Lectures Development | 1 | Public Service | | |
| 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 | | |
| | | 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 | | |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|--|-----------------------|--|---------------|--|--|
| | Arts & Lectures Division, Department, or Region (if applicable) | | | | Form 002 | |
| | | | | | For Official Use Only | |
| | University of California | | | | | |
| | Designated Agency Contact (Name, Title) | | |] | | |
| | Rachel Leslie, Manager of Ticketing Operations | | | | Amendment (Must P | Provide Explanation in Part 3.) |
| | Area Code/Phone Number E-mail | | | | | |
| | (805) 893-3458 | rachel.leslie@artsa | andlectures.u | csb.edu | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | and a second | | | |
| | Does the agency have a tick | ket policy? Yes | ⊠ No□ I | Face Value of | Each Ticket/Pass \$ | 4.00 |
| | Event Description: Anne-So | phie Mutter / Perform | mance | Date(s)3 | <u>, 08 , 19</u> | // |
| | Ticket(s)/Pass(es) provided | by agency? Yes | No 🗌 🛛 | f no: | Name of Source | |
| | Was ticket distribution made at the behest Yes 🛛 No 🗌 If yes: | | | | | |
| 3. | • Use Section A to identify the agen • Dse Section A to identify the agen • A. | | Use Section B to Number of Ticket(s)/ Passes | | | ify an outside organization. suant to the agency's policy |
| | UCSB Associated Student | ts | 4 | Staff | | |
| | UCSB Business & Financia | al Services | 8 | Staff | | |
| | B. Name of India (Last, First | | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: |
| | NA | | | | nonial Role Other Other ing "Ceremonial Role" or "Other" des | |
| | | | | | nonial Role Other Content of the con | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | suant to the agency's policy |
| | N/A | | N/A | N/A | | |
| | | | | | | |

4. Verification

| | egulations 18944.1 and 18942. I have ve | rified that the distribution set forth a | bove, is in accordance |
|--------------------------------------|---|--|------------------------|
| with the requirements. | Roman Baratiak, | Associate Director | 3/18/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____



Agency Name

Arts & Lectures

3. 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 California Nanosystems Institute | 2 | Faculty |
| UCSB Chemical Engineering Dept | 2 | Staff |
| UCSB Chemistry Dept | 5 | Staff/Faculty |
| UCSB Children's Center | 2 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income |
| | | 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 | | |
| | | |
| | | |
| | | |
| | | |

| С | eremonial Role Even | ts and Ticket/ | Δ | Public Document | | |
|----|---|---|-----------------------------------|-----------------------|---------------------------------|---------------------------------|
| 1. | 1. Agency Name | | | | Date Stamp | California Form 802 |
| | Arts & Lectures | | | | | |
| | Division, Department, or Reg | ion (if applicable) | 1 | For Official Use Only | | |
| | University of California | | | | | |
| | Designated Agency Contact | (Name, Title) | 1 | | | |
| | Rachel Leslie, Manager of T | Ficketing Operation | IS | | | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (805) 893-3458 | rachel.leslie@art | sandlectures.u | csb.edu | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a ticl | ket policy? Yes | s⊠ No⊡ F | ace Value of | Each Ticket/Pass \$ _ | 54.00 |
| | Event Description: Anne-Sc | phie Mutter / Perfo Provide Title/ Exp | prmance [| Date(s) <u>03</u> | <u>, 08 , 19</u> | // |
| | Ticket(s)/Pass(es) provided | by agency? Yes | s⊠ No⊡ I | f no: | Name of Source | |
| | Was ticket distribution made of agency official? | e at the behest Ye | s⊠ No⊡ ^I | f yes: | Official's Name (Last, First) | |
| 3. | Recipients • Use Section A to identify the agen | cv's department or unit. | • Use Section B to | identify an individ | lual. • Use Section C to iden | ntify an outside organization. |
| | A. Name of Agency, Depa | | Number of Ticket(s)/ Passes | Carde and a | | rsuant to the agency's policy |
| | UCSB College of enginee | ring | 2 | Staff | iki karantan santi wa kawa kawa | |
| | UCSB College of Letters & | & Science | 8 | Staff | | |
| | B. Name of Indi (Last, Fir. | | Number of Ticket(s)/ Passes | | Identify one of the | following: |
| | NA | | | | nonial Role D Other C | |
| | - 1 21 | | | | nonial Role D Other C | |

| 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 |
| | | | |

4. Verification

-

| I have read and understand FPPC Re | egulations 18944.1 and 18942. I have ve | rified that the distribution set forth abo | ove, is in accordance |
|--------------------------------------|---|--|-----------------------|
| with the requirements. | Roman Baratiak, A | Associate Director | 3/18/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: ___



Agency Name

Arts & Lectures

3. 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 Davidson Library | 6 | Staff |
| UCSB Disabled Student Program | 2 | Staff |
| UCSB Earth Science Dept | 1 | Staff |
| UCSB Economics Dept | 2 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | - | Ceremonial Role Ceremonial Role" or "Other Income Income Income Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income |
| | | Ceremonial Role Cther C 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 | | |
| | | |
| · · · · · | | |
| | | |
| C. (include address and description) | of Ticket(s)/ | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below: In Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below: In Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below: In |

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) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail

rachel.leslie@artsandlectures.ucsb.edu

2. Function or Event Information

| Does the agency have a ticket policy? | | Face Value of Each Ticket/Pass \$ <u>54.00</u> |
|--|----------------|--|
| Event Description: Anne-Sophie Mutter / P | erformance | Date(s) 03 / 08 / 19 |
| | e/ Explanation | |
| Ticket(s)/Pass(es) provided by agency? | Yes 🖾 No 🗌 | If no: |
| | | Name of Source |
| Was ticket distribution made at the behest | | If yes: |
| | | Official's Name (Last, First) |
| of agency official? | | |

Date of Original Filing: _

(month, day, year)

3. Recipients

(805) 893-3458

• 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.

| Α. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|------|---|--|--|
| UCSE | 3 Education Abroad Program | 4 | Staff |
| UCSE | B Education Department | 2 | Faculty |
| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| NA | | 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 |
| 1 | | | |

4. Verification

| | Regulations 18944.1 and 18942. I have v | erified that the distribution set forth ab | ove, is in accordance |
|--------------------------------------|---|--|-----------------------|
| with the requirements () / | | | , / |
| RALX | Roman Baratiak, A | ssociate Director | 3/18/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month day, year) |
| | | | 1 ' |

Comment:



Agency Name

Arts & Lectures

3. 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 Electrical and Computer Engineering | 6 | Staff |
| UCSB Enterprise Technology Services | 4 | Staff |
| UCSB Facilities Manageement | 4 | Staff |
| UCSB Film & Media Studies Dept | 6 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income |
| | | 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 |
| N/A | | |
| | | |
| | | |
| | | |
| | | |



Agency Name

Arts & Lectures

3. 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 Geography Dept | 4 | Staff |
| UCSB Graduate Division | 4 | Staff |
| UCSB History Dept. | 2 | Faculty |
| UCSB Housing & Residential Services | 8 | 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 |
| | | Ceremonial Role Dother 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 |
| N/A | | |
| | | |
| | | |
| | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 802

| 1. | Agency Name | | | | Date Stamp | Form 802 |
|----|--|--------------------------|-----------------------------------|---------------------|-------------------------------|---------------------------------|
| | Arts & Lectures | | | | | 10111 |
| | Division, Department, or Region (if applicable) | | | | 1 | For Official Use Only |
| | University of California | | | | | |
| | Designated Agency Contact (Name, Title) | | | | 1 | |
| | Rachel Leslie, Manager of Ticketing Operations | | | | | |
| | Area Code/Phone Number E-mail | | | | | 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 | mation | | | | |
| | Does the agency have a ticl | ket policy? Yes | 🛛 No 🗆 🛛 | ace Value of | Each Ticket/Pass \$ | 4.00 |
| | Event Description: Anne-Sc | phie Mutter / Perform | mance [| | / 08 / 19 | // |
| | Ticket(s)/Pass(es) provided by agency? Yes No D If no: | | | | | |
| | Was ticket distribution made of agency official? | at the behest Yes | No 🗆 | f yes: | Official's Name (Last, First) | |
| 3. | Recipients • Use Section A to identify the agen | cy's department or unit. | Use Section B to | identify an individ | ual. • Use Section C to iden | tify an outside organization. |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | UCSB Human Resource | | 2 | Staff | | |
| | UCSB Information System Dept. | s & Computing | 4 | Staff | | |
| | B. Name of Indi (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | NA | | | Cerem | nonial Role 🗌 Other | |

| NA | | Ceremonial Role Other I Income I Income I Income I Income I Income I 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 |
| | | |

4. Verification

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

Roman Baratiak, Associate Director 19 3/18 10 Signature of Agency Head or Designee Print Name (month, day, year) Title

Comment:



Agency Name

Arts & Lectures

3. Recipients

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

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

rachel.leslie@artsandlectures.ucsb.edu

2. Function or Event Information

| Does the agency have a ticket policy? | Yes 🛛 No 🗌 | Face Value of Each Ticket/Pass \$ <u>54.00</u> |
|--|------------|--|
| Event Description: Anne-Sophie Mutter / F | | Date(s) 0819 // |
| Ticket(s)/Pass(es) provided by agency? | Yes 🛛 No 🗌 | If no: |
| Was ticket distribution made at the behest of agency official? | Yes 🖄 No 🗌 | |

Date of Original Filing: .

(month, day, year)

3. Recipients

(805) 893-3458

• 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 | Faculty |
| UCSB Mathematical, Life and Physical Science | 10 | Faculty |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| NA | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other I Income I Income I Income I 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 |
| | | - |

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

Comment:

Title



Agency Name

Arts & Lectures

3. 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 Molecular, Cellular & Development Biology | 4 | Staff |
| UCSB Music Dept. | 7 | Faculty |
| UCSB Physical Activities and Recreation Dept. | 6 | Staff |
| UCSB Physics Dept. | 2 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other Income 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 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 | | |
| | | |
| | | |
| | | |
| | | |

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Arts & Lectures Date Stamp Division, Department, or Region (if applicable) For Official Use Only University of California For Official Use Only

 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 Filing:

2. Function or Event Information

| | CONTRACTOR CONTRACTOR CONTRACTOR | Face Value of Each Ticket/Pass \$ <u>54.00</u> |
|--|----------------------------------|--|
| Event Description: Anne-Sophie Mutter / P | erformance | Date(s) 08 / |
| Ticket(s)/Pass(es) provided by agency? | 8 | If no: |
| Was ticket distribution made at the behest of agency official? | Yes 🖄 No 🗌 | If yes: |

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 Political Science Dept. | 8 | Faculty | | |
| UCSB Psychological & Brain Sciences Dept. | 2 | Faculty | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: | | |
| NA | | 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 | | |
| | | | | |

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

Comment:

Title

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)



Agency Name

Arts & Lectures

3. 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 Purchasing Unit | 2 | Staff |
| UCSB Registrar's Office | 2 | Staff |
| UCSB Religious Studies Dept. | 2 | Faculty |
| UCSB Spanish & Portuguese Dept. | 2 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income |
| | | Ceremonial Role Cother Content 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 | | |
| | | |
| | | |
| | | |
| | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name A Public Document

| Di U Di Ai (8 2. F D E Ti | Arts & Lectures ivision, Department, or Reginated Agency Contact (A Rachel Leslie, Manager of T rea Code/Phone Number 805) 893-3458 Function or Event Inform Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided b Vas ticket distribution made of agency official? | Name, Title) icketing Operations E-mail rachel.leslie@artsa mation et policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | | Date of Original Filing: | (month, day, year) |
|---|--|--|-----------------------------------|---|--|---|
| U R Ar (§ 2. F D E T | University of California Designated Agency Contact (A Rachel Leslie, Manager of T rea Code/Phone Number 805) 893-3458 Function or Event Inform Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | Name, Title) icketing Operations E-mail rachel.leslie@artsa mation et policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | Face Value of | Date of Original Filing: | ovide Explanation in Part 3.) (month, day, year) |
| 2. F E T | Rachel Leslie, Manager of T rea Code/Phone Number 805) 893-3458 Function or Event Inforr Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | icketing Operations E-mail rachel.leslie@artsa mation ret policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | Face Value of | Date of Original Filing: | (month, day, year) |
| R Ar (8 2. F D E T | Rachel Leslie, Manager of T rea Code/Phone Number 805) 893-3458 Function or Event Inform Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | icketing Operations E-mail rachel.leslie@artsa mation ret policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | Face Value of | Date of Original Filing: | (month, day, year) |
| 2. F D E Ti | rea Code/Phone Number 805) 893-3458 Function or Event Inform Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | E-mail rachel.leslie@artsa mation ret policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | Face Value of | Date of Original Filing: | (month, day, year) |
| (8 2. F D E Ti | 805) 893-3458 Function or Event Inforr Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | rachel.leslie@artsa mation et policy? Yes [2 phie Mutter / Perform Provide Title/ Explan by agency? Yes [2 | No D F nance [ation | Face Value of | Date of Original Filing: | (month, day, year) |
| 2. F D E Ti | Function or Event Inform Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | mation et policy? Yes phie Mutter / Perform Provide Title/ Explan by agency? Yes | No D F nance [ation | Face Value of | Each Ticket/Pass \$ <u>54</u> . | (month, day, year) |
| D E Ti | Does the agency have a tick Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | et policy? Yes 2 phie Mutter / Perform Provide Title/ Explan by agency? Yes 2 | ance [| | | .00 |
| E Ti | Event Description: <u>Anne-Sop</u> Ticket(s)/Pass(es) provided I Vas ticket distribution made | phie Mutter / Perform Provide Title/ Explan by agency? Yes D | ance [| | | .00 |
| Ti | īcket(s)/Pass(es) provided l Vas ticket distribution made | Provide Title/ Explan by agency? Yes D | ation | Date(s) | , 08 , 19 | |
| Ti | īcket(s)/Pass(es) provided l Vas ticket distribution made | Provide Title/ Explan by agency? Yes D | ation | | | // |
| | Vas ticket distribution made | | | r . | | |
| ۱۸ | | at the behest Voc | | f no: | Name of Source | · · · · · · · · · · · · · · · · · · · |
| V | | - ILO NOTION TESP | | f yes: | Official's Name (Last, First) | |
| | | | | | Official's Name (Last, First) | |
| - | and the second s | | | | | |
| 3. Recipients • Use Section A to identify the agency's department or unit. • 1 | | | Use Section B to | identify an individ | ual. • Use Section C to identif | fy an outside organization. |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursi | uant to the agency's policy |
| - | UCSB Statistic & Applied N | 6 | Faculty | | | |
| | UCSB Student Affairs Grar | 2 | Staff | -1 | 5 | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | | |
| I | NA | | | | ing "Ceremonial Role" or "Other" desc | Income |
| - | | | | | nonial Role D Other description of the other description of the other other of the other o | Income |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency | | uant to the agency's policy |
| | N/A | | N/A | N/A | | |
| 4. V | Verification | 1 | | | | |

with the requirements. Roman Baratiak, Associate Director Title

Signature of Agency Head or Designee

Print Name

Comment: _



Agency Name

Arts & Lectures

3. 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 Student Health Dept | 10 | Staff |
| UCSB Technology Management Program | 2 | Staff |
| UCSB Theater & Dance Dept | 2 | Dept Chair |
| UCSB Theoretical Physics Institute | 2 | Staff |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| N/A | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income |
| | | 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 |
| N/A | | |
| | | |
| | | |
| | | |
| the state of the s | I | |

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) 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 X No Event Description: Anne-Sophie Mutter / Performance Date(s) __03_ / 08 19 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 X No If yes: _ Official's Name (Last, First) 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 Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes UCSB University Center Staff 2 N/A N/A N/A Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income NA 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 C. of Ticket(s)/ (include address and description) Passes N/A N/A N/A 4. Verification

| I have read and understand FPPC Regula | ations 18944.1 and 18942. I have verified that th | he distribution set fort | h above, is in accordance |
|--|---|--------------------------|---------------------------|
| with the requirements. | Roman Baratiak, Associate Director | | 3/18/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment:

| С | eremonial Role Even | ts and Ticket/I | Pass Distr | ributions | A | Public Document | |
|----|--|----------------------|--|---------------|--|--|--|
| 1. | Agency Name | | | Date Stamp | | | |
| | Arts & Lectures | | | | | Form 802 | |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only | |
| | University of California | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | |
| | Rachel Leslie, Manager of T | Ficketing Operations | 3 | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P | rovide Explanation in Part 3.) | |
| | (805) 893-3458 | rachel.leslie@arts | andlectures.u | icsb.edu | Date of Original Filing: . | (month, day, year) | |
| 2. | Function or Event Infor | mation | and the second | | | NAMES OF ALL PROPERTY OF ALL P | |
| | Does the agency have a ticl | ket policy? Yes | | Face Value of | Each Ticket/Pass \$ 27 | .00 | |
| | Event Description: Susan O | | 22.0007 22.000823.1.00000000.0 | | | | |
| | Event Description: | Provide Title/ Expla | anation | Date(s) | <u>, 14 , 19</u> | // | |
| | Ticket(s)/Pass(es) provided | | | lf no: | | | |
| | | | | | Name of Source | | |
| | Was ticket distribution made | at the behest Yes | No 🗆 丨 | f yes: | Official's Name (Last, First) | | |
| | of agency official? | | | | Chicial's Name (Last, 1113) | | |
| 3. | Recipients Use Section A to identify the agency's department or unit. | | Number | | dual. • Use Section C to identify an outside organization. | | |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy | |
| | UCSB Writing Program | | 2 | Administratio | dministration | | |
| | B. Name of Indiv (Last, Firs | | Number of Ticket(s)/ Passes | | Identify one of the fo | llowing: | |
| | N/A | f | F 45353 | | onial Role Other Ding "Ceremonial Role" or "Other" desc | Income Income | |
| | | | <u> </u> | | onial Role Other ing "Ceremonial Role" or "Other" desc | Income | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe the | the public purpose made pursuant to the agency's policy | | |
| | Santa Barbara Public Libra 40 E Anapamu St, SB, CA | | 2 | Public Servic | e | | |
| | | | | | | | |

4. Verification

| I have read and understand FRPC Regula with the requirements. | tions 18944.1 and 18942. I have ve | erified that the distribution set | forth above, is in accordance |
|--|------------------------------------|-----------------------------------|-------------------------------|
| The requirements. | Koman Baratiak, As | Roman Barada Presentation | 3/19/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: ___

| 1. | Agency Name | 2. | | | Date Stamp | California 802 |
|--|--|--------------------------|-----------------------------------|-----------------------|---------------------------------|-------------------------------|
| | Arts & Lectures | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | University of California | | | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| | Rachel Leslie, Manager of Ticketing Operations | | | | | |
| | Area Code/Phone Number | E-mail | | | . Amendment (Must Pro | ovide Explanation in Part 3.) |
| | (805) 893-3458 | rachel.leslie@arts | andlectures. | ucsb.edu | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Inform | mation | A Company and | | | |
| | Does the agency have a tick | ket policy? Yes | ⊠ No□ | Face Value of | Each Ticket/Pass \$ <u>37</u> . | 00 |
| Event Description: Beatrice Rana / Performance Provide Title/ Expla | | | | | <u> </u> | |
| | | | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🛛 No 🗌 | lf no: | Name of Source | |
| | Was ticket distribution made | at the behest Yes | 🛛 No 🗆 | If yes: | | |
| | of agency official? | | | | Chicles Warne (Last, 1 list) | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the agen | cy's department or unit. | • Use Section B t | o identify an individ | ual. • Use Section C to identif | y an outside organization. |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursi | uant to the agency's policy |
| | NA | | | N/A | ć | |
| | | | | | | |
| | D Name of India | leubiv | Number | | | |

| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | Identify one of the following: | | |
|--|-----------------------------------|--|--|--|
| NA | | 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 | | |
| Music Academy of the West 1070 Fairway Rd, Santa Barbara, CA 93108 | 4 | Public Service | | |
| Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111 | 10 | Public Service | | |

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 t 9 Signature of Agency Head or Designee Print Name Title (mpnth, day, year)

Comment: _____

A Public Document

| C | eremonial Role Even | ts and Ticket/P | A | A Public Document | | |
|----|--|----------------------------|-----------------------------------|---------------------|--|---------------------------------|
| 1. | Agency Name | fan fan f | | | Date Stamp | California 802 |
| | Arts & Lectures | | | | | 1 orm |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | University of California | | | | | |
| | Designated Agency Contact | Name, Title) | | | | |
| | Rachel Leslie, Manager of T | icketing Operations | | | | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (805) 893-3458 | rachel.leslie@artsa | andlectures.u | icsb.edu | Date of Original Filing | (month, day, year) |
| 2. | Function or Event Infor | mation | | | 1 | 16.00 |
| | | | | | Each Ticket/Pass \$ _ | 10.00 |
| | Event Description: Elisabeth | Rosenthal / Lecture | nation | Date(s)3 | <u>, 13 , 19</u> | // |
| | | | | | Name of Source | |
| | Was ticket distribution made of agency official? | e at the behest Yes | Official's Name (Last, First, |) | | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agen | cy's department or unit. • | | identify an individ | ual. • Use Section C to ider | ntify an outside organization. |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | irsuant to the agency's policy |
| | UCSB Psychological & Br | ain Sciences Dept. | 2 | Faculty | | |
| | | | Number | | | |
| | B. Name of Indi (Last, Fir | | of Ticket(s)/ Passes | | Identify one of the | following: |
| | N/A | | | | nonial Role D Other | |
| | | | | | nonial Role Dother [ing "Ceremonial Role" or "Other" d | |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy |
| | Santa Barbara Neighborho 414 E Corta St, Santa Bar | | 8 | Public Servi | ce | |
| | | | | | | |

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 Agency Head or Designee Print Name Title nonth Comment:

| _ | eremental Role Even | its and nekel | rass Dist | indutions | A | Public Document |
|----|--|---------------|---|--------------------------------|--|--------------------------------|
| 1. | Agency Name | | | | Date Stamp | 0.11 |
| | Arts & Lectures | | | | | Form 802 |
| | Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations | | | | - | For Official Use Only |
| | | | | | | |
| | | | | | 4 | |
| | | | | | (%) | |
| | Area Code/Phone Number E-mail | | | | Amendment (Must P | rovide Explanation in Part 3.) |
| | (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu | | | Data of Original Filings | | |
| | | | sandlectures. | 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 \$ 20 | 0.00 |
| | Eli Cooley (Lester) | | | | | |
| | Provide Title/ Explanation Date(s) | | | | <u> </u> | // |
| | Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🔲 If no: | | | | | |
| | | | | Name of Source | | |
| | Was ticket distribution made at the behest Yes X No I If yes: | | | Official's Name (Last, First) | | |
| | of agency official? | | | Official's Name (Last, First) | | |
| | A. Name of Agency, Department or Unit Arts & Lectures | | Number of Ticket(s)/ Passes 29 | Describe th | individual. • Use Section C to identify an outside organization. ribe the public purpose made pursuant to the agency's policy Service / TLI Outreach | |
| | Walter H Capps Center | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | Identify one of the following: | | |
| | N/A | | | | onial Role D Other D ing "Ceremonial Role" or "Other" desc | Income |
| | | | | | onial Role D Other descu | nibe 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 | |
| | Anti-Defamation League 1528 Chapala St Ste 301, SB, CA 93101 | | 2 | Public Servic | ce | |
| | Yardi Systems 430 Fairview Ave, Goleta, C | A 93117 | 50 | Public Servic | e | |

4. Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements
Roman Baratiak, Associate Director

Print Name

Signature of Agency Head or Designee

Title

3 (month) day, year,

Comment: _