

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

A Public Document

1. Agency Name Arts & Lectures		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) University of California			
Designated Agency Contact (Name, Title) <i>Rachel Leslie, Mgr. of Ticketing Operations</i>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <i>805-893-3456</i>	E-mail <i>rachel.leslie@artsandlectures.ucsb.edu</i>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 40/20/10

Event Description: Brooklyn Rider & Kayhan Kalhor Date(s) 5 / 11 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratiak, Roman
Name of Source
Official's Name (Last, First)

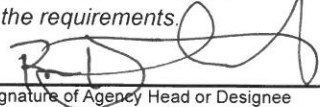
3. Recipients

• 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Black Studies Dept	2	Faculty
UCSB Music Dept	4	Faculty
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Montessori Center School 401 N Fairview Ave Ste 1 Goleta CA 93117	2	Public Service/Morale

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 Head or Designee

 Print Name

Roman Baratiak, Associate Director

 Title

 (month, day, year)

Comment: _____

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

Agency Name

Arts & 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 Physics Dept	2	Public Service/Morale
UCSB Religious Studies Dept	1	Faculty
UCSB Student Health Dept	2	Public Service/Morale

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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

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Division, Department, or Region (if applicable) University of California		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
Designated Agency Contact (Name, Title) <i>Leslie, Rachel, Manager of Ticketing Operations</i>			
Area Code/Phone Number <i>805-893-3458</i>	E-mail <i>rachel.leslie@artsandlectures.ucsb.edu</i>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25

Event Description: Lynsey Addario, lecture Date(s) 5 / 13 / 17

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratiak, Roman
Name of Source / 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Associated Students	2	Public Service / Staff
UCSB Biomolecular Science and Engineering	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Art Without Limits 816 Chelham Way, Santa Barbara, CA 93108	2	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** _____ 11/17/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

Agency Name

Arts & 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 Bren School of Environmental Science	2	Public Service / Staff
UCSB Business & Financial Services	4	Public Service / Staff
UCSB Center for Bioengineering	2	Public Service / Staff
UCSB Chancellor's Office	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name Arts & Lectures		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) University of California			
Designated Agency Contact (Name, Title) <i>Rachel Leslie, Manager of Ticketing operations</i>			
Area Code/Phone Number <i>805-843-3458</i>	E-mail <i>rachel.leslie@artsandlectures.ucsb.edu</i>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25

Event Description: Lynsey Addario, lecture Date(s) 5 / 13 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Barotia K. Roman
Name of Source
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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Chemical Engineering Department	6	Public Service / Staff
UCSB College of Letters & Science	4	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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 Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

Arts & 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 Computer Science Department	2	Public Service / Staff
UCSB Design & Construction Services	2	Public Service / Staff
UCSB Earth Science Department	2	Public Service / Staff
UCSB Education Abroad Program	6	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name Arts & Lectures		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) University of California			
Designated Agency Contact (Name, Title) <i>Rachel Leslie, Manager of Ticketing Operations</i>			
Area Code/Phone Number <i>865-843-3458</i>	E-mail <i>rachel.leslie@artsandlectures.ucsb.edu</i>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25

Event Description: Lynsey Addario, lecture Date(s) 5 / 13 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratidk Roman
Name of Source / 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	UCSB Electrical & Computer Engineering	2	Public Service / Staff
	UCSB Engineering Computing Infrastructure	2	Public Service / Staff
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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 Head or Designee _____ Print Name _____ Title _____ (month, day, year) _____

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

Arts & 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 Enterprise Technology Services	2	Public Service / Staff
UCSB Environmental Studies Program	2	Public Service / Staff
UCSB Environmental Health 7 Safety Office	2	Public Service / Staff
UCSB Film & Media Studies Department	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name		Date Stamp	California Form 802
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			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
805-893-3458	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 \$ 25

Event Description: Lynsey Addario, lecture Date(s) 5 / 13 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratidj Roman
Name of Source
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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Geography Department	3	Public Service / Staff & Faculty
UCSB Graduate School of Education	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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 Head or Designee _____ Print Name _____ Title _____ (month, day, year) _____

Comment: _____

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

Agency Name

Arts & 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 Housing & Residential Services	2	Public Service / Staff
UCSB Information Systems & Computing Department	2	Public Service / Staff
UCSB Materials Department	4	Public Service / Staff
UCSB Mechanical Engineering Department	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name Arts & Lectures		Date Stamp	California Form 802 For Official Use Only
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Designated Agency Contact (Name, Title) <i>Rachel Leslie</i>			
Area Code/Phone Number <i>805-893-3458</i>	E-mail <i>rachel.leslie@artsandlectures.ucsb.edu</i>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25

Event Description: Lynsey Addario, lecture Date(s) 5 / 13 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: *Baratide, Roman*
Name of Source / 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Neuroscience Research Institute	2	Public Service / Staff
UCSB Political Science Department	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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 Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

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

Agency Name

Arts & 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 Statistic & Applied Mathematics Department	2	Public Service / Faculty
UCSB Student Health Department	4	Public Service / Staff
UCSB Student Information Systems & Technology	6	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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1. Agency Name Arts & Lectures		Date Stamp	California Form 802 For Official Use Only
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Designated Agency Contact (Name, Title) <u>Rachel Leslie, Mgr. of Ticketing Operations</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>805-893-3458</u>	E-mail <u>rachel.leslie@artsandlectures.ucsb.edu</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 54, \$39

Event Description: Old Crow Med Show/ Performance Date(s) 5 / 4 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratiak, Roman
Name of Source
Official's Name (Last, First)

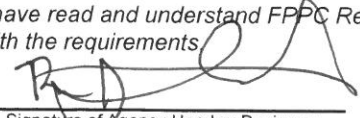
3. Recipients

• 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Music Dept	2	Faculty
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Dos Pueblos High School 7266 Alameda Ave Goleta CA 93117	4	Public Service/Morale

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 Head or Designee

Roman Baratiak, Associate Director

 Print Name Title

5/12/17

 (month, day, year)

Comment: _____

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

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1. Agency Name Arts & Lectures Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) <u>Rachel Leslie, Mgr. of Ticketing Operations</u> Area Code/Phone Number <u>805-893-3458</u> E-mail <u>rachel.leslie@artsandlectures.ucsb.edu</u>	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		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 \$ 83

Event Description: YoYo-Ma, Meyer, Thile/ Performance Date(s) 5 / 2 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____

Was ticket distribution made at the behest of agency official? Yes No If yes: Baratiak, Roman
Name of Source
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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Vice Chancellor's Office	2	UC Official
UCSB Chancellor's Office	2	Admin

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

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	5/12/17 (month, day, year)
Signature of Agency Head or Designee	Print Name	Title

Comment: _____