## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 

Arts & Lectures  Division, Department, or Region (If Applicable)  University of California  Designated Agency Contact (Name, Title)  Rachel Lestie, Mgr. of Ticketiag Operations  Area Code/Phone Number E-mail  Lachel Lestie, Mgr. of Ticketiag Operations  Area Code/Phone Number E-mail  Lachel Lestie, Mgr. of Ticketiag Operations  Parallel Lestie, Mgr. of Ticketiag Operations  Lachel Lestie, Mgr. of Lestie, Mgr. of Ticketiag Operations  Lachel Lestie, Mgr. of Lestie	1.	Agency Name			Date Stamp	California Q02
University of California  Designated Agency Contact (Name, Title)  Pachel Leslie, Mgr. & Ticketing Operations  Area Code/Phone Number  E-mail  Describe in Amendment (Must provide explanation in Part 3.)  Area Code/Phone Number  E-mail  Describe in Collifornia  Describe the agency have a ticket policy? Yes No Detail  E-vent Description Bett Bliss. Tener  Provide Tetreplanation  Does the agency have a ticket policy? Yes No Detail  Ticket(s)/Pass(es) provided by agency? Yes No Detail  Ticket(s)/Pass(es) provided by agency? Yes No Detail  Was ticket distribution made at the behest No Yes Detail  Frest Provide Tetreplanation  Ticket(s)/Pass(es) provided by agency? Yes No Detail  Was ticket distribution made at the behest No Yes Detail  Frest Provide Tetreplanation  Ticket(s)/Pass(es) provided by agency? Yes No Detail  Frest Provide Tetreplanation  Ticket(s)/Pass(es) provided by agency? Yes No Detail  Frest Provide Tetreplanation  Ticket(s)/Pass(es)  Frest Provide Tetreplanation  Ticket(s)/Pass(es)  Frest Provide Tetreplanation  Ticket(s)/Pass(es)  Public Service Morale  Ceremonial Role Detail  Frest Provide Agency Frest Regulations  Frest Name  Ceremonial Role Detail  Frest Provide Tetreplanation  Income Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ceremonial Role Detail  Frest Name  Ticket(s)/Pass(es)  Public Service Morale  Frest Name  Ticket(s)/Pass(es)  Frest Name  Ticket(s		Arts & Lectures				Form OUZ
Designated Agency Contact (Name, Title)  ### Achel Lessie, Mgr. & Ticketing Operations  Area Code/Phone Number  #### E-mail  ### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticket Operations  #### Date of Original Filing:		Division, Department, or Region (If Applicable	)		1	For Official Use Only
Designated Agency Contact (Name, Title)  ### Achel Lessie, Mgr. & Ticketing Operations  Area Code/Phone Number  #### E-mail  ### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticketing Operations  #### Lack of Lessie, Mgr. & Ticket Operations  #### Date of Original Filing:		University of California				s.
Area Code/Phone Number   E-mail				*		
Area Code/Phone Number   E-mail		Rachel Leslie, Mar of Ticketing	Dogot	Sun C		
Recipients   Rec			Operati	ons	Amendment (Must pro	vide explanation in Part 3.)
Provide Information   Does the agency have a ticket policy?   Yes   No     Face Value of Each Ticket/Pass \$ 32	1		earsand	lecture wich edu	Date of Original Filing:	(Marth Day Var)
Does the agency have a ticket policy?  Yes No Date(s)   Face Value of Each Ticket/Pass \$ 32  Event Description Ben Bliss Tenor  Provide TilleExplanation  Ticket(s)/Pass(es) provided by agency? Yes No Date(s)   If no: Name of Source  Was ticket distribution made at the behest No Yes No Yes Baratiak, Roman  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 Number of Ticket(s)/ Pass(es)  Arts #Lectures  University of California, Buty 402  Music Department Buty of California, Buty 402  Music Department Buty of California  B. Name of Individual Survey of California  B. Name of Outside Organization (Include address and description)  *Ceremonial Role Other Discount But Other Cascide below:  Ceremonial Role Other Other describe below:  Ceremonial Role Other Other Other Discount Other	2.		COIPMA	TO THE STATE OF TH		(Month, Day, Year)
Date(s)   Date		D	Ves 🕅 No	☐ Face Value o	f Each Ticket/Pass \$	32
Ticket(s)/Pass(es) provided by agency? Yes No   If no:   Name of Source   Was ticket distribution made at the behest of agency official?   No Yes   If yes:   Baratiak,   Roman   Official's Name (Last, First)    3. Recipients   Section A to identify the agency's department or unit.   Sue Section B to Identify an Individual.   Sue Section C to Identify an outside organization.    A. Name of Agency, Department or Unit   Ticket(s)   Describe the public purpose made pursuant to the agency's policy   Pass(es)   Public Service   Morale      Arts 7 Lectures   University of California, Bity 402   Public Service   Morale      Music Department   Viversity of California		*				
Name of Source  Name of Source  Name of Source  No ■ Yes □ If yes: Baratiak, Roman  Official's Name (Last, First)  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 Ticles(ety)  Pass(es)  Public Service   Morale  Number of Californiae, Blug 402  Number of Californiae, Blug 402  Number of Californiae, Blug 402  Number of Individual  Research  Re		Provide Title/Expla	nation	Date(s)	10 110	
Name of Source  Name of Source  Name of Source  No ■ Yes □ If yes: Baratiak, Roman  Official's Name (Last, First)  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 Ticles(ety)  Pass(es)  Public Service   Morale  Number of Californiae, Blug 402  Number of Californiae, Blug 402  Number of Californiae, Blug 402  Number of Individual  Research  Re		Ticket(s)/Pass(es) provided by agency?	Vac IVI Na	□ If no:		
S. 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  **Pass(es)**  Arts **Lectures**  **Directoristy of California, **Bidy 402**  **Music Department**  **University of California, **Bidy 402**  **Music Department**  **University of California, **Bidy 402**  **Number of Ticke(s)**  **Public Service   Morale**  **Morale**  **B. Name of Individual   Number of Ticke(s)**  **Ticke(s)**  **Pass(es)**  **Ceremonial Role   Other   Income   Inc		white (c), was confident by agonos.	TES M INO			
Security			No 🛛 Yes	□ If yes: Bo	uratiak, Roman	
Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit    Number of   Describe the public purpose made pursuant to the agency's policy		of agency official?			Official's Name (Las	st, First)
A. Name of Agency, Department or Unit    Comparison   Com	3.					
A. Name of Agency, Department or Unit  Arts 3 Lectures University of California, Buy 402  Music Department University of California  B. Name of Individual (Bust Prod)  Ceremonial Role   Other   Income    If checking "Ceremonial Role" or Tother describe below:  Ceremonial Role   Other   Income    If checking "Ceremonial Role" or "Other describe below:  C. Name of Outside Organization (Include address and description)  Z. Wildes Frag telli (Amens Chords)  305 E Islay St, 58 CA 93101  Number of Ticket(s)  Public Service   Morale  Ceremonial Role   Other   Income    If checking "Ceremonial Role" or "Other" describe below:  Describe the public purpose made pursuant to the agency's policy  Public Service   Morale  Number of Ticket(s)  Ticket(s)  Public Service   Morale  Number of Ticket(s)  To Public Service   Morale  Number of Ticket(s)  To Public Service   Morale  Number of Ticket(s)  The Morale  Number of Ticket(s)  Number of Ticket(s)  The Morale  Number of Ticket(s)  Number of		Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identify	an outside organization.
University of California   Public Service   Morale		A. Name of Agency, Department or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
B. Name of Individual (Last, First)    Number of Ticket(s)/Pass(es)   Identify one of the following:   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:   Ceremonial Role   Other   Income     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other   Income     Income     Income     Other   Income     Income     Income     Other   Income     In		Arts plectures		Duc		
B. Name of Individual (Last, First)    Number of Ticket(s)/Pass(es)   Identify one of the following:   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:   Ceremonial Role   Other   Income     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other   Income     Income     Income     Other   Income     Income     Income     Other   Income     In				Public Servi	@/Morale	
B. Name of Individual (Last, First)    Ceremonial Role   Other   Income     If checking "Ceremonial Role" or "Other" describe below:		Music Department	21	Dillie Car	ice / Manule	
Ceremonial Role   Other   Income	U	Iniversity of California		TUDIC Serv	THE PROVAIC	
C. Name of Outside Organization (include address and description)    C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency's policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency is policy   C. Wilde's Frafelli (Amen's Chord)   Describe the public purpose made pursuant to the agency is policy		Name of Individual (Last, First)	Ticket(s)/		Identify one of the following	:
C. Name of Outside Organization (include address and description)    C. Name of Outside Organization (include address and description)   Describe the public purpose made pursuant to the agency's policy   Pass(es)     C. Name of Outside Organization (include address and description)   Describe the public purpose made pursuant to the agency's policy   Pass(es)     C. Name of Outside Organization (include address and description)   Describe the public purpose made pursuant to the agency's policy   Public Service   Movale   Other   Income     Describe the public purpose made pursuant to the agency's policy     Public Service   Movale   Other   Income     Describe the public purpose made pursuant to the agency's policy     Public Service   Movale   Other   Income     Other   Income     Other   Income     Other   Income     Other   Income     Other   Income   Income     Other   In				Note the second second second		Income
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Public Service / Morale  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  Roman Baratiak, Associate Director  Title (Morth, Day Year)				If checking *Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Public Service / Morale  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  Roman Baratiak, Associate Director  Title (Morth, Day Year)				à.		,
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Public Service/Movale  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  Roman Baratiak, Associate Director  Title (Morft), Def, Year)				Ceremonial Role	Other 🗌	Income
C. Maine of distribution (include address and description)  Ticket(s)/ Pass(es)  Z. Wilde's Fratelli (Amen's Chord)  305 E Islay SH, SB CA 9310   Public Service / Movale  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Print Name  Title (Morlth, Dal, Year)				If checking *Ceremonia	il Role" or "Other" describe below:	
C. Maine of distribution (include address and description)  Ticket(s)/ Pass(es)  Z. Wilde's Fratelli (Amen's Chord)  305 E Islay SH, SB CA 9310   Public Service / Movale  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Print Name  Title (Morlth, Dal Year)						
C. Maine of distribution (include address and description)  Ticket(s)/ Pass(es)  Z. Wilde's Fratelli (Amen's Chord)  305 E Islay SH, SB CA 9310   Public Service / Movale  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Print Name  Title (Morlth, Dal Year)						
2. Wilde's Fratelli (Amen's Chorus) 305 E Islay St, SB CA 9310   Public Service   Morale  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  (Morfth, Day Year)	8	Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Title (Morth, Day Year)	;	Z. Wilder Fratelli (Americ Chare)	Pass(es)			
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  (Morfth, Day, Year)			10	Public Se	ervice/Morali	e
Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Title (Morfth, Day Year)		302 13 14 37, 30 01 73.07				
Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Title (Morfth, Day Year)		,				
Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Roman Baratiak, Associate Director  Title (Morfth, Day Year)		Verification				
Signature of Agency Head or Designee Print Name Title (Morth, Day, Year)	1	I have read and understand FPPC Regulations 18944.1 and 1	8942. I have ve	rified that the distribution set for	th above, is in accordance with th	ne requirements.
Signature of Agency Head or Designee Print Name Title (Mortth, Day, Year)		and the		Roman Baratiak, Associa	ate Director	11/13/16
Comment		Signature of Agency Head or Designee				(Morth, Day, Year)
	1	Commont				•

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



ipients		
	or unit. • Use Sectio	on B to identify an individual. • Use Section C to identify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
sic Department	7	FACUITY
Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role  Other  Income  Income  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:
Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Name of Individual (Last, First)	Name of Outside Organization  Name of Outside Organization  Name of Outside Organization  Name of Outside Organization  Number of Ticket(s)/ Pass(es)

	ency Report of: emonial Role Events and Ticket/l	Pass Dist	ributions		A Public D	ocument
	gency Name			Date Stamp	Californi	
Α	rts & Lectures				Form	° 802
Di	vision, Department, or Region (if applicable)				For Offici	al Use Only
	niversity of California					
De	esignated Agency Contact (Name, Title)					
K	achel leslie, Mar. of Ticketing	OA TOPY	Ations			
Ār	ca code/i flotte ladilibei   [E-IIIali	# 11		│	st Provide Explanation	in Part 3.)
905	-893-3458 racher.165lic	eartsar	ndlectures.	Date of Original Filin	g:(month, day, y	ear)
	unction or Event Information			-		
Do	oes the agency have a ticket policy? Yes	⊠ No 🗆	Face Value of I	Each Ticket/Pass \$	25	
E۱	/ent Description: Brian Skerry/ Lecture		Date(s)11/	20 , 16		
	Provide Title/ Expla	anation	Date(s)			<i></i>
Tio	cket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆	If no:			
\//	as ticket distribution made at the behave		Guas Bar	Name of Source	40	
	as ticket distribution made at the behest Yes fagency official?	⊠ No □	ir yes:i\(\omega(\omega)\)	Official's Name (Last, Firs	st)	
	ragency official?					
	Recipients Use Section A to identify the agency's department or unit. •	Use Section P to	: 10		V	
	Name of Agency, Department or Unit	Number of Ticket(s)/		public purpose made p		
	ICSP Facilish David	Passes				
	JCSB English Dept. On Campus	26	Public Servic	e/ Morale		
В	Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:	
				nial Role Other of "Ceremonial Role" or "Other" of		Income
_				nial Role Other of "Other" of "Other" of		Income
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	ursuant to the agen	cy's policy
	B Wildlife Care Network O Box 6594 Santa Barbara, CA 93106	2	Public Service	e/ Morale		
I ha with	rification  ve read and understand FPPC Regulations 18944.  the requirements.  ignature of Agency Head or Designee Principles		have verified the		forth above, is in	accordance

Ceremonial Role Events and Ticket/ Agency Name				Public Documer
Arts & Lectures			Date Stamp	California 802
Division, Department, or Region (if applicable)			-	For Official Use Only
University of California				
Designated Agency Contact (Name, Title)			-	
Rachel Leslie, Mar. of Ticke	time Oper	ations		
Rachel Leslie, Mgr. of Ticke Area Code/Phone Number E-mail			Amendment (Must P	rovide Explanation in Part 3.)
805)893-3458 rachel·leslic@ar	-tsand lectu	res. ucsb.edu	Date of Original Filing: _	(month, day, year)
Function or Event Information				
Does the agency have a ticket policy? Yes	S⊠ No □ F	ace Value of	Each Ticket/Pass \$ 35	
Event Description: Captain Scott Kelly, lecture		Date(s)11	Control of the contro	
Provide Title/ Exp. Ticket(s)/Pass(es) provided by agency? Yes	lanation			
Yes	No □ I	f no:	Name of Source	
Was ticket distribution made at the behest Yes	NOD I	fyes: <u>Bar</u>	Name of Source  ATAK, Roman  Official's Name (Last, First)	
of agency official?	_ 110_		Official's Name (Last, First)	
Paniniauta				
Recipients  * Use Section A to identify the agency's department or unit	. II. C. d. D.		-	
• Use Section A to identify the agency's department or unit.	Number	identify an individu	ial. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy
UCSB Chancellor's Office	4	Administratio	n	
		-	· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of Ticket(s)/		Identify and of the ful	
(Last, First)	Passes		Identify one of the fol	lowing:
			onial Role Other or "Other" description of "Ceremonial Role" or "Other" descriptions	Income [
			nial Role Other Other og "Ceremonial Role" or "Other" descri	Income [
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made pursu	and to the account
(include address and description)	Passes		para parpood made parac	and to the agency's policy
		1.0		
Verification				
I have read and understand FPP Regulations 18944	.1 and 18942. I	have verified th	at the distribution set for	h above is in accordance
<b>Verification</b> I have read and understand FPPC Regulations 18944 with the requirements				h above, is in accordance
I have read and understand FPP Regulations 18944		have verified the		h above, is in accordance

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) Amendment (Must Provide Explanation in Part 3.) rachel isslice-altsandiectures Date of Original Filing: (month, day, year) Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 20.00 Yes ⊠ No □ Event Description: Dayton Duncan, lecture Date(s)\_ 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: of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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  $\square$ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Santa Barbara Audubon Society Public Service 6 5679 Hollister Ave, Goleta, CA 93117 Yardi Systems Public Service 50 430 S Fairview Ave, Goleta, CA 93117 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name

Agency Report of:

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

**A Public Document** 

1. Agency Name			Date Stamp	California 802
Arts & Lectures				TOIM OOL
Division, Department, or Region (if applicable)			1	For Official Use Only
University of California				
Designated Agency Contact (Name, Title)			1	
Rachel Leslie, Mgr. of Ticketing 1	Operations		Amendment (Must Pri	ovide Explanation in Part 3.)
Area Code/Phone Number   E-mail				
(805) 893-3458 rachd-lestie e art	sandledures.	ucsb.edu	Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	⊠ No □ Fa	ace Value of	Each Ticket/Pass \$ 40	
Event Description: Neko Case, performance	D	ate(s) 11	<u>, 18 , 16</u>	1 1
Provide Title/ Expl	lanation			
Ticket(s)/Pass(es) provided by agency? Yes	☑ No ☐ If	no:	Name of Source	
Mas tisket distribution made at the behant	m If	vos: Ba	official's Name (Last, First)	
Was ticket distribution made at the behest Yes of agency official?	M No L "	ycs	Official's Name (Last, First)	
— — — — — — — — — — — — — — — — — — —	F 70			
3. Recipients				
• Use Section A to identify the agency's department or unit.	• Use Section B to id	entify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
N/A				
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	llowing:
(Last, First)	Passes			
N/A			ionial Role Other Other in Other Other Other	Income I
		n chock	ang Ceremental Note of Other desc	and delow.
			ionial Role Other Other ing "Ceremonial Role" or "Other" desc	Income Income
		n oncon	ang coromonarrole or other desc	mbe below.
	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy
	Passes			
N/A	1 1			
	<del>                                     </del>			14
	1 1			
4. Verification	,	WWW. 27.44		
I have read and understand FRPC Regulations 1894	4.1 and 18042 I	have verified t	hat the distribution set for	th shove is in accordance
with the requirements,	4. 1 and 10942. 11	nave vermed ti	nat the distribution set for	in above, is in accordance
RATIO	CAM	en Baratiak. A	ssociate Director	11/21/12
Signature of Agency Head or Designee	Print Name	Car Datation,	Title	(month, day, year)
				ı
Comment:				

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, Mgr. of Ticketing Operations
Area Code/Phone Number | E-mail

805)893-3458 | rachel leslie e arts and lectures. uc Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 805)893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{25}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Ping Chong + Company/ Performance Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** KCSB Radio Public Service/ Morale 3 1025 Storke Comm Bldg (Campus) UCSB Black Studies Dept. Staff Report 2 Campus Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Public Service/ Morale Dos Pueblos High School 7 7266 Alameda Ave Goleta, CA 93117

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

Print Name

Roman Baratiak, Associate Director

4. Verification

Comment:

with the requirements.

Signature of Agency Head or Designee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 802 (2/2016)

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



Agency Name	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 Religious Studies Dept. Campus	1	Faculty Report
UCSB Theater and Dance Dept. Campus	3	Faculty Report
UCSB Muslim Stu. Assoc.	15	Public Service/ Morale
UCSB Religious Studies Dept.	1	Public Service/ Morale
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		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:
37.3333		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

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) Kuchel Les lie, Mgr. of Ticketing Operations
Area Code/Phone Number | E-mail ☐ Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: rachel leslie e ar Band Lectures. ucsb. edu 805)893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{32}{}$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Sol Gabetta & Alessio Bax Date(s) \_\_11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Baratiak, Roman Was ticket distribution made at the behest Yes ☒ No ☐ If yes: \_ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes **UCSB Theater & Dance Department** Faculty 3 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Public Service/Morale Music Teachers Association of California 10 1141 N Patterson Ave SB CA 93111

#### 4. Verification

i nave read and understand FPI	C Regulations 18944.1 ar	d 18942. I have verified that the	distribution set forth above.	is in accordance
with the requirements	Λ		,	
- 1 /			in ator	1 ,

Signature of Agency Head or Designee

Print Name Roman Baratiak, Associate Director

(mpnth, 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, Mgr. of Ticketing Operations
Area Code/Phone Number | E-mail ☐ Amendment (Must Provide Explanation in Part 3.) rachel·leslice artsandlectures. ucsb Date of Original Filing: . (805)893.3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 16 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Versa Style, performance Date(s) \_\_11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Baratiak, Ronan 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role 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 Adams Elementary School / 2701 Las Positas Public Service 47 Rd, Santa Barbara CA 93105 Alpha Resource Center / 4501 Cathedral Public Service 10 Oaks Rd, Santa Barbara, CA 93110

# Alpha Resource Center / 4501 Cathedral Oaks Rd, Santa Barbara, CA 93110 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Mgr. of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (achel.les lie cartsand lectures.ucsb.edg Date of Original Filing: . (805)893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Whose Live Anyway?, lecture Date(s) \_\_11 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 ☐ 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 Human Resources Department** Public Service / Morale 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Alpha Resource Center, 4501 Cathedral Oaks Public Service 34 Rd, Santa Barbara, CA 93110

4.	٧	er	ш	ca	τι	O	n

I have read and understand FPPC Regulations	18944.1 and 18942. I have	e verified that the distribution set forth above,	is in accordance
with the requirements.			
with the requirements.	_	ur a la la Dissatas	1.1.1

10		1
ignatur	e of Agency	Head or Designee

Roman Baratiak, Associate Director Print Name

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

3.



& 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					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
		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:					
<i></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					
Franklin Elementary School / 1111 E Mason St, Santa Barbara, CA 93103	40	Public Service					
St. Raphael School 160 St Josephs St, Santa Barbara, CA 93111	29	Public Service					

# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions				A Public Documen	
1. Agency Name			Date Stamp	California 802	
Arts & Lectures				Form OUZ	
Division, Department, or Region (If Applicable	е)		1	For Official Use Only	
University of California				5	
Designated Agency Contact (Name, Title)			1		
Rachel Leslie, Mgr. of Ticketing Operations					
Area Code/Phone Number   E-mail			1 —	provide explanation in Part 3.)	
(805) 893 - 3458 rachel·lesli	iee artsan	nd lectures. ucsb-e	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information		26		20.05	
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ ـ	35-20	
Event Description Zakir Hussain Provide Title/Expl	(Perform	race) Date(s) //	, 1,16		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	Name of S	ource	
Was ticket distribution made at the behest	No ☑ Yes	П . И	Barutiak, Ro	man	
of agency official?	NO 🔼 TES	If yes:	Official's Name		
3. Recipients	unit a Haa Saa	elian D to Identify on Individu	el alles Section C to idea		
_	unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.  Number of Ticket(s)  Describe the public purpose made pursuant to the agency's policy				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	iic purpose made pursuan	t to the agency's policy	
USB Music Dept.	2	Faculty			
VCSB Music Dept.	2	Faculty Dept. Ct	rair		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
			Other	Income	
		If checking *Ceremoni	ial Role" or "Other" describe below:		
		10 US :		· ¥	
		Ceremonial Role	Other D	Income	
		ii checking Ceremoni	al Role of Other describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy		
	Pass(es)				
*		· ·			
4. Verification  I have read and understand FPPC Regulations 18944.1 and	118942   hous :	wified that the distribution set for	orth above is in accordance w	th the requirements	
Thave read and universitation FFFC Regulations 16944,1 and	Ro	oman Baratiak, Associate	Director	11/2/14	
Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)	
Signature of Agency Head or Designee	Print Name	е	Title	(Month, Day, Year)	

Comment: \_ FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name UC Santa Barbara For Official Use Only Division, Department, or Region (if applicable) MultiCultural Center Designated Agency Contact (Name, Title) Sharon Singh, Acting Program Coordinator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (month, day, year) sharon.singh@sa.ucsb.edu 804-893-8411 2. Function or Event Information Face Value of Each Ticket/Pass \$ 5/student&\$15/genera Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Delhi 2 Dublin/ Music Performance Date(s) \_\_11\_\_/\_\_4\_\_/ Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If yes: 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) **Passes** Income Ceremonial Role 🔲 Other X If checking "Ceremonial Role" or "Other" describe below. Marcus, Scott Staff morale Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) 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. Acting Program Coordinator 11,21,2016 Sharon Singh (month, day, year) Print Name

Agency Report of:

Comment: \_