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, Ticket Office Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number rachellestie @arts and lectures. USb. edu Date of Original Filing: . 805-893-3458 (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Event Description: Dia de los Muertos Tour Date(s) __11__/ 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB Theater and Dance Dept** Faculty 2 **UCSB Music Dept** Faculty 1 Number Name of Individual B. 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 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director

Print Name

Comment:

Ceremonial Role Events and Ticket	Pass Dist	tributions		A Public Document
1. Agency Name			Date Stamp	California 000
Arts & Lectures				Form OUZ
Division, Department, or Region (if applicable)			1	For Official Use Only
University of California				
Designated Agency Contact (Name, Title)			1	
Rachel Leslie, Ticket Office Area Code/Phone Number E-mail	Manage	21	Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	0		Amendment (mast	Trovide Explanation in Fait 3.)
805-893-3458 rachel.leslie@a	tsandlecture	es. vsb.edu	Date of Original Filing	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	S⊠ No□	Face Value of	Each Ticket/Pass \$ -	73.00
Event Description: Israel Philharmonic Orchest	tra	Date(s)11		
T 1 1/ > /5	No □	If no:	Name of Source	
Was ticket distribution made at the behest Yes		If yes:		
of agency official?	S No L	11 yes	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to iden	atify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
UCSB Department of Music	12	Faculty / Public Service		
UCSB Department of Theater/Dance	2	Department	Chair / Public Service)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			onial Role Other on "Other" de	
			onial Role Other on "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111	12	Public Servic	е	
Congregation B'nai B'rith 900 San Antonio Creek Rd, SB, CA 93111	6	Public Service	е	
. Verification		-		
I have read and understand FPPC Regulations 18944 with the requirements.			at the distribution set for ratiak, Associate Direct	
Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)

Comment:

Agency Report of:

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

A Public Document

* 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)	1.	Agency Name		C - 11.7	Date Stamp	California 802
University of California Designated Agency Contact (Name Title) Rachel LeShie Ticket Office Manager Area Code/Phone Number Be-mail 805 - 892 - 3458 rachd.leshie @artsandlectures. Weslo.edu Deserte Description: Imago Theatre, performance Provide Time Esplanation Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 20 Event Description: Imago Theatre, performance Provide Time Esplanation Ticket(s)/Pass(es) provided by agency? Yes No If no:						
Designated Agency Contact (Name, Title) Rochel Lenit, Tricket Office Manager Area Code/Phone Number Semall Amendment (Must Provide Explanation in Part 3.)		Division, Department, or Region (if applicable)				For Official Use Only
Rachel Leshie, Ticket Office Manager Area Code/Phone Number 805 - 893 - 3458 E-mail 805 - 893 - 3458 rachd-lestie@artsandlectures. Uselo.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 Event Description: Imago Theatre, performance Date(s) 11 18 17 Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Lest. First) Official's Name (Lest. First) Official's Name (Lest. First) A. Name of Agency, Department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes B. Name of Individual (Lest. First) Of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes C. Name of Outside Organization (Include Section B to identify an individual (Lest. First) Describe the public purpose made pursuant to the agency's policy Passes C. Name of Outside Organization (Include Section B to identify one of the following: Describe the public purpose made pursuant to the agency's policy Passes C. Name of Outside Organization (Include Section B to identify one of the following: Describe the public purpose made pursuant to the agency's policy Passes Audiacious Foundation Describe the public Service Describe the public purpose made pursuant to the agency's policy Passes Public Service Describe the distribution set forth above, is in accordance with the requirements Tide Tid		The state of the s				
Area Code/Phone Number Email 805-893-3458 rackd.lesl.ie@artsandlectures.usb.edu Date of Original Filing:						
Area Code/Phone Number 805 - 893 - 2458 E-mail rachd_lestic@artsandlectures.usb.edu Date of Original Filling: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No Face Value of Each Ticket/Pass \$ 20 Event Description: Imago Theatre, performance Date(s) 11 18 17			anager		Amendment (Must Pro	ovide Explanation in Part 3)
2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) 20 Event Description: \(\) Image Theatre, performance \(\) Date(s) \(\) 11 \(\) 18 \(\) 17 \\ \) Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Name of Source Was ticket distribution made at the behest Yes \(\) No \(\) If yes: \(\) Official's Name (Last. First) \(\) 3. Recipients - Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit \(\) Passes B. Name of Individual (Last. First) \(\) Describe the public purpose made pursuant to the agency's policy Passes B. Name of Outside Organization (include address and description) \(\) Passes C. Ceremonial Role \(\) Other \(\) Other \(\) Income \(\) Income \(\) If the desting 'Ceremonal Role' or 'Other' describe below. C. Name of Outside Organization (include address and description) \(\) Passes Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 \(\) 100 \(\) Public Service Public Service Public Service Frint Name Tide \(\) Verification (asy, year)		Area Code/Phone Number E-mail				
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 20 Event Description: Imago Theatre, performance Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 11 18 17 Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 15 no: Name of Source Was ticket distribution made at the behest Yes No Date(s) 16 yes: Official's Name (Last. First) 3. Recipients **Use Section A to identify the agency's department or unit. **Use Section B to identify an individual. **Use Section C to identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/Passes B. Name of Individual (Last. First) B. Name of Individual (Last. First) B. Name of Individual (Last. First) Obscribe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Date Income Income Income Control of Section A to the Income Control of Section A to identify an outside Organization (Income Control of Section A to identify an outside Organization (Income Control of Section A to identify an outside Organization (Income Control of Section A to identify an individual of Section A to identify an individual of Section A to identify an outside Organization (Income Control of Section A to identify an individual of Sec		805-893-3458 rachelleslie@arts	andlectures	.ucslo.edu	Date of Original Filing:	(month, day, year)
Event Description: Imago Theatre, performance Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: Name of Source Was ticket distribution made at the behest Yes \(\) No \(\) If yes: Official's Name (Last, First) 3. Recipients **Use Section A to identify the agency's department or unit. **Use Section B to identify an individual. **Observe the public purpose made pursuant to the agency's policy Passes B. Name of Individual (Last, First) **Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role \(\) Other \(\) Other \(\) Other describe below. C. Name of Outside Organization (include address and description) Po Box 91340, Santa Barbara, CA 93190 100 100 **Verification Inave 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 Ti	2.	Function or Event Information				
Event Description: Imago Theatre, performance Provide Titlet 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 no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If no: Name of Source No If no: Name of Source 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. Name of Agency, Department or Unit of Ticket(sy) Passes Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Income If checking Ceremonal Role Other Income If checking Ceremonal Role of Other Income Compasses Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 Number of Ticket(sy) Passes Audacious Foundation Po Box 91340, Santa Barbara, CA 93190 Number of Ticket(sy) Passes Roman Baratiak, Associate Director Fint Name Tide Tid		Does the agency have a ticket policy? Yes	No □ F	Face Value of I	Each Ticket/Pass \$ 20	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source				Date(s) 11	, 18 , 17	1 1
Was ticket distribution made at the behest Yes No If yes: Official's Name (Last. First) 3. Recipients * Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes B. Name of Individual (Last. First) Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Income Income Ceremonial Role Other Income Income Ceremonial Role Other describe below: C. Name of Outside Organization Official's passes Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization Other Income Income C. Name of Outside Organization Other Income Income Income C. Name of Outside Organization Other Income In		Provide Title/ Explan	ation		-	
Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy		Ticket(s)/Pass(es) provided by agency? Yes ∑	No □ I	f no:	Name of Source	
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 of Ticket(s) Passes - Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made at the behest Voc.				
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) Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy			иоП.	. you	Official's Name (Last, First)	
* 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)						
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes	3.					
A. Name of Agency, Department or Unit		• Use Section A to identify the agency's department or unit.	Jse Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
B. Name of Individual (Last, First) Caremonial Role Other Income		A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the	e public purpose made pursu	uant to the agency's policy
B. Name of Individual (Last, First) Caremonial Role Other Income						
B. Name of Individual (Last, First) Caremonial Role Other Income						
B. Name of Individual (Last, First) Caremonial Role Other Income						
B. Name of Individual (Last, First) Caremonial Role Other Income						
C. Name of Outside Organization (include address and description) Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 100 Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy			of Ticket(s)/		Identify one of the fol	lowing:
C. Name of Outside Organization (include address and description) Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 100 Public Service Public Service Public Service Public Service Public Service Public Service 11 30 17 Signature of Agency-Head or Designee Print Name Title Income I		(200, 1, 1, 0)	rasses		anial Bala D	
C. Name of Outside Organization (include address and description) Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 Public Service Fint Name Print Name Title It checking "Ceremonial Role" or "Other" describe below: Pescribe the public purpose made pursuant to the agency's policy Public Service Public Service Public Service Public Service Public Service Title It accordance with the requirements. Roman Baratiak, Associate Director It also (month, day, year)					18 CONTROL	
C. Name of Outside Organization (include address and description) Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 Public Service Fint Name Print Name Print Name Title It checking "Ceremonial Role" or "Other" describe below: Pescribe the public purpose made pursuant to the agency's policy Public Service Public Service Public Service Public Service Public Service Print Name Title It 30 17 It 130 17 It 1						
Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 100 Public Service Forman Baratiak, Associate Director Forman Baratiak, Associate Director Fint Name Title						An an and an analysis and an a
Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 100 Public Service Forman Baratiak, Associate Director Forman Baratiak, Associate Director Fint Name Title						
Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 100 Public Service Forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Fint Name Title		Name of Outside Occasionis	Number		SECTION OF SHIP SHIP	
PO Box 91340, Santa Barbara, CA 93190 100 1 New read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (month, day, year)				Describe the	e public purpose made pursu	ant 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 Signature of Agency Head or Designee Print Name Title (month, day, year)		Audacious Foundation	400	Public Service	ce	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (month, day, year)		PO Box 91340, Santa Barbara, CA 93190	100			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (month, day, year)						
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (month, day, year)						
With the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (month, day, year)	4.	Verification				
Signature of Agency Head or Designee Print Name Title (month, day, lyear)		I have read and understand FPPC Regulations 18944.	1 and 18942.	I have verified ti	hat the distribution set for	th above, is in accordance
		with the requirements.	Ro	man Baratiak, A	ssociate Director	1- /
					11/30/17	
Comment:		Signature of Agency Head or Designee Prin	nt Name		Title	(month, day, year)
		Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Kachel Leslie, Ticket Office Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: rachel.leslie@artsandlectures.ucsb.edu 805-893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jon Meacham/ Lecture Date(s) __11 _/ _17 _/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: __ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes UCSB** Theater and Dance Department Department Chair 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 \square 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)

Roman Baratlak, Associate Director

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

Comment:

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

4. Verification

with the requirements.

Signature of Agency Head or Designee

Comment: _

	gency Report of: eremonial Role Events and Ticket/F	Pass Distr	ibutions	А	Public Document
	Agency Name			Date Stamp	California 802
	Arts & Lectures				
	Division, Department, or Region (if applicable)				For Official Use Only
	University of California				
	Designated Agency Contact (Name, Title)				
	Rachel Leslie, Ticket Office Manager Area Code/Phone Number [E-mail]			Amendment (Must F	Provide Explanation in Part 3.)
	805-893-3468 rachel.leslie@art	sandlecture	es.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 \$ 42	2.00
	Event Description: Leila Josefowicz, performance	e	Date(s)11		
			f no:	Name of Source	5
	Was ticket distribution made at the behest Yes		f yes:		
	of agency official?	전 MO L .		Official's Name (Last, First)	No. 100 Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.
_					
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	UCSB Department of Theater/Dance	2	Department	Chair / Public Service	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				onial Role Other ing "Ceremonial Role" or "Other" des	
				onial Role Other ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111	11	Public Service	ce	
4.	Verification				
99	I have read and understand FPPC Regulations 18944 with the regularements.				orth above, is in accordance
	ax X	Roman	Baratiak, Assoc	late Director	11/12/19

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Ticket Office Manager
Area Code/Phone Number | E-mail 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 Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes⊠ No □ Event Description: OK Go Date(s) __11__/__5_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☑ No □ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last. First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Department of Theater/Dance Department Chair / Public Service 2 Number Name of Individual B. 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 Alpha Resource Center Public Service 10 4501 Cathedral Oaks Rd, SB, CA 93110 Public Service Audacious Foundation 80 PO Box 91340, Santa Barbara, CA 93190

4. Verification I have read and understand FPPQRegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

vith the requirements.			1 .
OK.	Roman Baratiak	, Associate Director	11/8/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Agency Report of:

-			7.7			
(Ceremonial	Role	Events	and '	Ticket/Page	Distributions

A Public Document

1. Agency Name			Date Stamp	California Q02		
Arts & Lectures				Form OUZ		
Division, Department, or Region (if applicable)				For Official Use Only		
University of California		1				
Designated Agency Contact (Name, Title)						
Rachel Laslie, Ticket Office M	anager		Amendment (Must Pro	vide Explanation in Part 3.)		
Area Code/Phone Number E-mail	,			sapanaton in i dit o.j		
805-893-3458 rachel.leslie@arts	andlectures.1	icsb.edu	Date of Original Filing:	(month, day, year)		
2. Function or Event Information				to the state of th		
Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of B	Each Ticket/Pass \$ 38			
Event Description: Simon Shaheen, performance		Date(s)11/		/ /		
Provide Title/ Explain	nation	Date(s)/				
Ticket(s)/Pass(es) provided by agency? Yes	No □ I	f no:	Name of Source			
We Clark the Committee of the Committee						
Was ticket distribution made at the behest Yes	No □ "	f yes:	Official's Name (Last, First)			
of agency official?						
3. Recipients	18.					
• Use Section A to identify the agency's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to identify	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
UCSB Music Department	8	Department (Department Chair & Faculty			
UCSB Religious Studies Department	1	Faculty				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the foll	lowing:		
	onial Role Other on "Other" descri	Income In				
			onial Role Other on "Other" descri	Income Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy		
4. Verification						
I have read and understand FPPC Repulations 18944. with the requirements.		have verified the Baratlak, Asso		h above, is in accordance		
Signature of Agency Head or Designee Pr	int Name		Title	(month, day, year)		
Comment:				· · · · · · · · · · · · · · · · · · ·		

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

A Public Document

1.	Agency Name			Date Stamp	California 202
	Arts & Lectures				Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only
	University of California				
	Designated Agency Contact (Name, Title)				
	Rachel Leslie, Ticket Office Man	nager		Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number E-mail	*			
	805-893-3458 rachel.leslie@art	sandlecture	s.ucsb.edu	Date of Original Filing:	(month, day, year)
2.	Function or Event Information			40	
	Does the agency have a ticket policy? Yes	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 40	
	Event Description: The Knights, performance		Date(s)11	09 17	1 1
	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆 I	f no:	Name of Source	
	Was ticket distribution made at the behest Yes				
	of agency official?	☑ NO 🗆	, ,	Official's Name (Last, First)	
	or agency emeral.				
3.	Recipients				
	• Use Section A to identify the agency's department or unit.	Use Section B to	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 the	e public purpose made pursu	ant to the agency's policy
	UCSB Music Department	6	Faculty		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income In
				onial Role Other on "Other" description of "Other" description of "Other" description of "Other" description of the other other of the	Income Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
			2		
_	Verification				
٠.		1 1 and 18042	I have verified t	hat the distribution set for	th above is in accordance
	I have read and understand FPPO Regulations 18944 with the requirements.	. 1 and 10342.	nman Baratiak,	Associate Director Secret	1 .
					10 1
	Signature of Agency Head or Designee P	rint Name		Title	month, day, year)
					Y
	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. Ticket Office Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: rachel.leslie@artsandlectures. ucsb. edu 805-893-3458 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Zadie Smith/Lecture Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Sociology Department Public Service/Morale 15 Writing Program Faculty 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last. First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income \square If checking "Ceremonial Role" or "Other" describe below: Number

Verification	200		
I have read and understand FPPC/Regulations 18944. with the requirements.	1 and 18942. I	have verified that the distribution set forth ab	ove, is in accordance
	F	Roman Baratiak, Associate Director	12/6/17
Signature of Agency Head or Designee Printed	nt Name	Title	(month, day, year)
Comment:			

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

Describe the public purpose made pursuant to the agency's policy