

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

A Public Document

| | | | | | | | | |
|--|--|---------------|--------------|--|---|---|---------------------------|-----------------------|
| 1. Agency Name Arts & Lectures <hr/> Division, Department, or Region <i>(if applicable)</i> University of California <hr/> Designated Agency Contact <i>(Name, Title)</i> Rachel Leslie, Ticket Office Manager <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">805-893-3458</td> <td style="border: none;">rachel.leslie@artsandlectures.ucsb.edu</td> </tr> </table> | Area Code/Phone Number | E-mail | 805-893-3458 | rachel.leslie@artsandlectures.ucsb.edu | Date Stamp <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 24pt;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: 10pt;">For Official Use Only</td> </tr> </table> | California Form 802 | For Official Use Only |
| Area Code/Phone Number | E-mail | | | | | | | |
| 805-893-3458 | rachel.leslie@artsandlectures.ucsb.edu | | | | | | | |
| California Form 802 | | | | | | | | |
| For Official Use Only | | | | | | | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Dia de los Muertos Tour Date(s) 11 / 03 / 17
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| UCSB Theater and Dance Dept | 2 | Faculty |
| UCSB Music Dept | 1 | Faculty |
| B. Name of Individual <small>(Last, First)</small> | 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 <small>(include address and description)</small> | 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.

| | | | |
|--|--|-------------------------------|---|
| _____ <small>Signature of Agency Head or Designee</small> | Roman Baratiak, Associate Director _____ <small>Print Name</small> | _____ <small>Title</small> | <u>11/8/17</u> <small>(month, day, year)</small> |
|--|--|-------------------------------|---|

Comment: _____

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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, Ticket Office Manager</i> | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number <i>805-893-3458</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 \$ 73.00

Event Description: Israel Philharmonic Orchestra Date(s) 11 / 1 / 17
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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)/ Passes | Describe the public purpose made pursuant 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: |
| | | 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 |
| Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111 | 12 | Public Service |
| Congregation B'nai B'rith 900 San Antonio Creek Rd, SB, CA 93111 | 6 | 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.



 Signature of Agency Head or Designee

 Print Name

Roman Baratiak, Associate Director

 Title

 (month, day, year)

Comment: _____

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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, Ticket Office Manager</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: _____ (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
Provide Title/Explanation

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

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

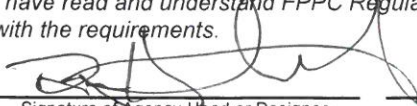
3. Recipients

• 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)/ 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 <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 |
| Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 | 100 | 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.



 Signature of Agency Head or Designee

 Print Name

 Title

 (month, day, year)

Comment: _____

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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, Ticket Office Manager</i> | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number <i>805-893-3458</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 \$ 35

Event Description: Jon Meacham/ Lecture Date(s) 11 / 17 / 17
Provide Title/Explanation

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

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

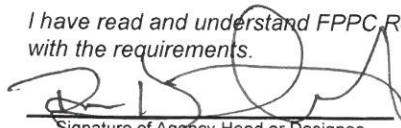
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| UCSB Theater and Dance Department | 2 | Department Chair |
| | | |
| 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 |
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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: _____

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| Designated Agency Contact (Name, Title) <i>Rachel Leslie, Ticket Office Manager</i> | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number <i>805-893-3458</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 \$ 42.00

Event Description: Leila Josefowicz, performance Date(s) 11 / 8 / 17
Provide Title/Explanation

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

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

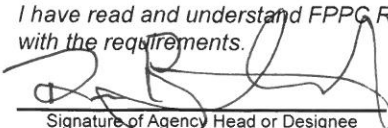
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant 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 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 |
| Music Teachers Association of California 1141 N Patterson Ave, SB, CA 93111 | 11 | 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
4/13/17
(month, day, year)

Signature of Agency Head or Designee Print Name Title

Comment: _____

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| Arts & Lectures | | | |
| 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 | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| 805-893-3458 | rachel.leslie@artsandlectures.ucsb.edu | 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 \$ 45

Event Description: OK Go Date(s) 11 / 5 / 17
Provide Title/ Explanation

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

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

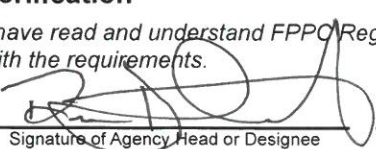
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| 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: |
| | | 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 |
| Alpha Resource Center 4501 Cathedral Oaks Rd, SB, CA 93110 | 10 | Public Service |
| Audacious Foundation PO Box 91340, Santa Barbara, CA 93190 | 80 | Public Service |

4. Verification

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|--|---|-------------------------------|--|
|  <small>Signature of Agency Head or Designee</small> | Roman Baratiak, Associate Director <small>Print Name</small> | _____ <small>Title</small> | 11/8/17 <small>(month, day, year)</small> |
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Comment: _____

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| 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 \$ 38

Event Description: Simon Shaheen, performance Date(s) 11 / 15 / 17
Provide Title/ Explanation

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

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

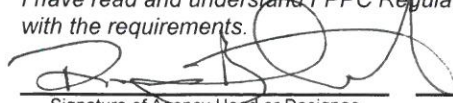
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|--|-----------------------------|--|
| | UCSB Music Department | 8 | Department Chair & Faculty |
| | UCSB Religious Studies Department | 1 | 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 |
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4. Verification

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 Signature of Agency Head or Designee

Roman Baratiak, Associate Director
 Print Name

 Title

11/30/17
 (month, day, year)

Comment: _____

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| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
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| Division, Department, or Region (if applicable) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| University of California | | | |
| Designated Agency Contact (Name, Title) <i>Rachel Leslie, Ticket Office Manager</i> | | | |
| Area Code/Phone Number | E-mail | | |
| <i>805-893-3458</i> | <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

Event Description: The Knights, performance Date(s) 11 / 09 / 17
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? 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)/ Passes | Describe the public purpose made pursuant 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 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 |
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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: _____ 11/30/17
(month, day, year)

Comment: _____

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| 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 \$ 20

Event Description: Zadie Smith/Lecture Date(s) 11 / 29 / 17
Provide Title/Explanation

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

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

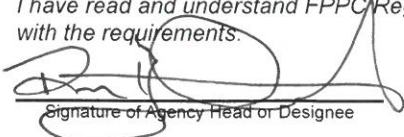
3. Recipients

* 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| Sociology Department | 15 | Public Service/Morale |
| Writing Program | 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 |
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4. Verification

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Signature of Agency Head or Designee

Print Name

Roman Baratiak, Associate Director

Title

(month, day, year)

Comment: _____