

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 50.00

Event Description: Joan Baez, performance    Date(s) 11 / 01 / 18  
*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)*

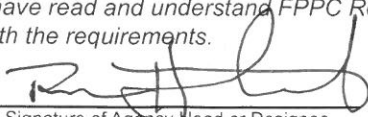
**3. Recipients**

• 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 Chancellor's Office	2	Public Service / Admin
B. Name of Individual <small><i>(Last, First)</i></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><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></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.*

 Signature of Agency Head or Designee	Roman Baratiak, Associate Director Print Name	Title
		11/08/18 <small><i>(month, day, year)</i></small>

Comment: \_\_\_\_\_

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Area Code/Phone Number (805) 893-3458	E-mail rachel.leslie@artsandlectures.ucsb.edu	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 20.00

Event Description: Tarana Burke, lecture    Date(s) 11 / 05 / 18  
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)

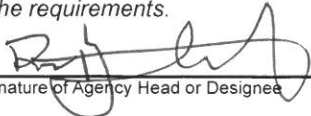
**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Black Studies	1	Public Service / Department Chair
UCSB College of Letters & Science	1	Public Service / 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
Girls Inc. of Santa Barbara PO Box 236, Santa Barbara, CA 93102	12	Public Service

**4. Verification**

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 Signature of Agency Head or Designee	Roman Baratiak, Associate Director Print Name	Title _____	<u>11/9/18</u> (month, day, year)
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Comment: \_\_\_\_\_

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Continuation Sheet**

Agency Name

Arts & Lectures

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Feminist Studies	1	Public Service / Department Chair
UCSB Feminist Studies	1	Public Service / 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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<b>Designated Agency Contact</b> (Name, Title) Rachel Leslie, Manager of Ticketing Operations			
<b>Area Code/Phone Number</b> (805) 893-3458	<b>E-mail</b> rachel.leslie@artsandlectures.ucsb.edu	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
		<b>Date of Original Filing:</b> _____ <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 \$ 35.00

Event Description: Estonian Philharmonic, Performing Art    Date(s) 11 / 16 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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)

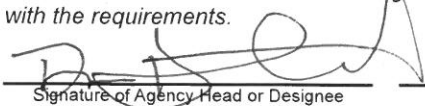
**3. Recipients**

• 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 Administrative Services Division	4	Public Service / Staff
UCSB Anthropology Dept	2	Public Service / 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
N/A		

**4. Verification**

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

	Roman Baratiak, Associate Director	11/29/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

Comment: \_\_\_\_\_

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Arts & Lectures

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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Associated Students	2	Public Service / Staff
UCSB Bren School of Environment Science	2	Public Service / Staff
UCSB Business & Financial Services	4	Public Service / Staff
UCSB Career Services	4	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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Area Code/Phone Number (805) 893-3458	E-mail rachel.leslie@artsandlectures.ucsb.edu		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Estonian Philharmonic, Performing Art    Date(s) 11 / 16 / 18  
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)

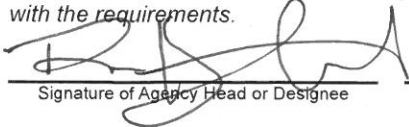
**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB College of Creative Studies	2	Public Service / Faculty
UCSB College of Letters & Science	2	Public Service / 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
N/A		

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		11/29/18 (month, day, year)

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**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 Counseling, Clinical, and School Psychology	2	Public Service / Faculty
UCSB Davison Library	4	Public Service / Staff
UCSB Design & Construction Services	2	Public Service / Staff
UCSB Disabled Student Program	4	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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<b>Area Code/Phone Number</b> (805) 893-3458	<b>E-mail</b> rachel.leslie@artsandlectures.ucsb.edu		

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Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Estonian Philharmonic, Performing Art    Date(s) 11 / 16 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/Explanation

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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 Education Abroad Program	2	Public Service / Staff
UCSB Electrical and Computer Engineering	2	Public Service / 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>
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Comment: \_\_\_\_\_



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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB English Department	2	Public Service / Faculty
UCSB Enterprise Technology Services	6	Public Service / Staff
UCSB Facilities Management	6	Public Service / Staff
UCSB Financial Aid & Scholarships Office	4	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Event Description: Estonian Philharmonic, Performing Art    Date(s) 11 / 16 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/ Explanation

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

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Geography Dept.	6	Public Service / Staff
UCSB Gift Administration	2	Public Service / Staff
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>
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Global & International Studies Program	7	Public Service / Faculty & Staff
UCSB School of Education	2	Public Service / Staff
UCSB Housing & Residential Services	4	Public Service / Staff
UCSB Institute for Social, Behavioral and Economics	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Institutional Advancement Division	4	Public Service / Staff
UCSB Instructional Development Dept.	4	Public Service / Staff
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>
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Materials Dept.	4	Public Service / Staff
UCSB Music Dept.	14	Public Service / Faculty & Staff
UCSB Neuroscience Research institute	4	Public Service / Faculty & Staff
UCSB Police	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

<b>1. Agency Name</b> Arts & Lectures		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) University of California			
Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations			
Area Code/Phone Number (805) 893-3458	E-mail rachel.leslie@artsandlectures.ucsb.edu	<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 \$ 35.00

Event Description: Estonian Philharmonic, Performing Art Date(s) 11 / 16 / 18  
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)

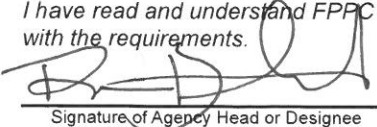
**3. Recipients**

• 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 IPolitical Science Dept.	6	Public Service / Faculty & Staff
UCSB Purchasing Unit	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
N/A		

**4. Verification**

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


Roman Baratiak, Associate Director
11/29/18

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

Comment: \_\_\_\_\_

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

Agency Name

Arts & Lectures

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Religious Studies Dept	4	Public Service / Faculty & Staff
UCSB Research Office	2	Public Service / Staff
UCSB Statistic & Applied Mathematics Dept.	2	Public Service / Staff
UCSB Student Affairs Grants & Development	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 35.00

Event Description: Estonian Philharmonic, Performing Art Date(s) 11 / 16 / 18  
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)

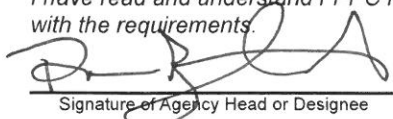
**3. Recipients**

• 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 Student Health Dept.	2	Public Service / Staff
UCSB Student Information Systems & Technology	8	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
N/A		

**4. Verification**

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


 \_\_\_\_\_  
 Signature of Agency Head or Designee

\_\_\_\_\_  
 Print Name

Roman Baratiak, Associate Director  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date (month, day, year)

Comment: \_\_\_\_\_



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

Agency Name

Arts & Lectures

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Technology Management Program	2	Public Service / Staff
UCSB Theoretical Physics Institute	2	Public Service / Staff
UCSB Ucen Operations Department	2	Public Service / Staff
UCSB University Center	2	Public Service / Staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: Estonian Philharmonic, Performing Art    Date(s) 11 / 16 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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 Arts & Lectures	145	Public Service / Faculty & Staff Promo
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
N/A		

**4. Verification**

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

 _____ <small>Signature of Agency Head or Designee</small>	Roman Baratiak, Associate Director _____ <small>Print Name</small>	_____ <small>Title</small>	<u>11/29/18</u> _____ <small>(month, day, year)</small>
Comment: _____			

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

**A Public Document**

<b>1. Agency Name</b> Arts & Lectures		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) University of California			
Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations			
Area Code/Phone Number (805) 893-3458	E-mail rachel.leslie@artsandlectures.ucsb.edu	<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 \$ 45

Event Description: Jake Shimabukuro Date(s) 11 / 29 / 18  
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)

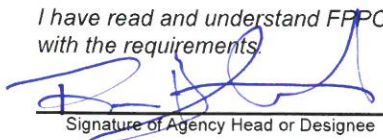
**3. Recipients**

• 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 Office of the Vice Chancellor	2	Public Service / Vice Chancellor
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


Roman Baratiak, Associate Director
12/3/18  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

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

Event Description: Compagnie Kafig - Performance Date(s) 11 / 13 / 18  
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)

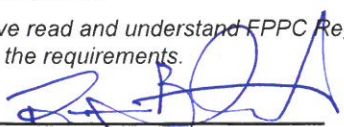
**3. Recipients**

\* 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 French and Italian Dept.	2	Public Service/Faculty
UCSB Theater and Dance Dept.	9	Public Service/Faculty/Dept 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
Dos Pueblos High School 7266 Alameda Ave, Goleta, 93117	2	Public Service

**4. Verification**

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


 \_\_\_\_\_  
 Signature of Agency Head or Designee

Roman Baratiak, Associate Director  
 Roman Baratiak, Associate Director  
 \_\_\_\_\_  
 Print Name Title

11/15/18  
 \_\_\_\_\_  
 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 35.00

Event Description: David Miliband, lecture    Date(s) 11 / 07 / 18  
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 Chancellor's Office	2	Public Service / Admin
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Direct Relief International 27 S La Patera Ln, Goleta, CA 93117	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	Roman Baratiak, Associate Director Print Name	Title _____	11/9/18 (month, day, year)
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Comment: \_\_\_\_\_