#### 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 Area Code/Phone Number | E-mail Amendment (Must provide explanation in Part 3.) rachel. leslie @ artzand lectures - ucsbe an Date of Original Filing: 8051893-3458 **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☒ No ☐ Ticket(s)/Pass(es) provided by agency? Yes No No No Baratiak, Was ticket distribution made at the behest No X 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 of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) UCSB Department of Faculty / Morate/ Rublic Service Theater/Dance UCSB Department of Faculty | Morate | Public Service Music Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) 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 of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

		u	
. Verification I have reed and understand FPPC Regulations 18944.	.1 and 18942. I have verified that the distribut Roman Baratiak, Ass	ion set forth above, is in accordance w ociate Director	ith the requirements.
Signature of Agency Head or Designee  Comment:	Print Name	Tītle	(Month, Day, Year)
	× .		FPPC Form 802 (4/

Agency Name			Date Stamp	California OO
Arts & Lectures				Form 802
Division, Department, or Region (if applicable)				For Official Use Only
University of California				
Designated Agency Contact (Name, Title)			1	
Ruchel Leslie, Mgr. of Ticketing	Opention	Y	Amondment (M.	st Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (Mus	st Provide Explanation in Part 3.)
05)893-3458 rachel·lesliceart	sand lectur	es.ucsb.edu	Date of Original Filin	g:(month, day, year)
Function or Event Information				0.5
Does the agency have a ticket policy? Yes [	⊠ No □ F	Face Value of	Each Ticket/Pass \$	25
Event Description: Bob Poole, lecture		Date(s) 10	<u>, 30 , 16</u>	1 1
Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provided by agency? Yes [		If no:	Name of Source	
Was ticket distribution made at the behest Yes	v vol l	fves: Bai	Mik, Roman Official's Name (Last, First	,
of agency official?			Official's Name (Last, First	st)
Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to			
		identify an individ	ual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			entify an outside organization.  oursuant to the agency's policy
A. Name of Agency, Department or Unit  UCSB Enterprise Technology Services	Number of Ticket(s)/		e public purpose made p	
UCSB Enterprise Technology Services	Number of Ticket(s)/ Passes 4	Describe th	e public purpose made p	oursuant to the agency's policy
	Number of Ticket(s)/ Passes 4	Describe th	e public purpose made p	oursuant to the agency's policy
UCSB Enterprise Technology Services  B. Name of Individual	Number of Ticket(s)/ Passes  4  Number of Ticket(s)/	Public Service	e public purpose made p	e following:
UCSB Enterprise Technology Services  B. Name of Individual	Number of Ticket(s)/ Passes  4  Number of Ticket(s)/	Public Service  Cerem If check	e public purpose made p	e following:  Income
UCSB Enterprise Technology Services  B. Name of Individual	Number of Ticket(s)/ Passes  4  Number of Ticket(s)/	Public Service  Cerem If check	e public purpose made p	e following:  Income
B. Name of Individual (Last, First)  Name of Outside Organization	Number of Ticket(s)/ Passes  4  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Public Service  Cerem If check	e public purpose made p	e following:  Income describe below:

Roman Baratiak, Associate Director

Signature of Agericy Head or Designee

Print Name

Title

(mortin, day, year)

1.	Agency Name			Date Stamp	California Q02
	Arts & Lectures				Form OUZ
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	University of California				5
	Designated Agency Contact (Name, Title)	-	*	à	
		chetino	Doen times		
	Rachel Leslie, Mgr. of Ti Area Code/Phone Number   E-mail	graing	Operations	☐ Amendment (Must pro	vide explanation in Part 3.)
1	805) 893-3458 rachelles	linama	and lachere med	Date of Original Filing:	
THE R. P. LEWIS CO., LANSING		HER WITT	and recover as a cost-e	Agate of Original Filling.	(Month, Day, Year)
Z.	Function or Event Information	LUMBER WATER			38
	Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value of	f Each Ticket/Pass \$	3
	Event Description ENSEMBLE BASIANI Provide Title/Expl	CPERFORM anation	14NOE) Date(s) 10	,23,16 (4PM	1)
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	I If no. Ba	ratials, Roman	
	noneiton accitos, provided by agency:	Tes 🔼 No		Name of Sour	се
	Was ticket distribution made at the behest	No 🛛 Yes	☐ If yes:		
	of agency official?			Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or	Number of	ction B to identify an individu T	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
	N/A				
		Number of			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g: *
		1 2 2 (22)	Ceremonial Role	Other	Income
			If checking "Ceremonia	I Role" or "Other" describe below:	\$2,000,548,600,056 1 =
					*
		-		7	
			Ceremonial Role  If checking *Ceremonia	Other Role" or "Other" describe below:	Income L
			•		
1	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
	(motive address and description)	Pass(es)			
				1	
	Verification				
_	I have read and understand FPRC Regulations 18944.1 and	18942. I have ve	rified that the distribution set for an Baratiak, Associate Dir	th above, is in accordance with t	he requirements.
				<del></del>	10/25/16
	Signature of Agency Head or Designee	Print Name	9	Title	(Month, Pay, Year)
	0				ě

#### 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, Mor. of Ticketing Operations Area Code/Phone Number | E-mail | (805)893-3458 | rachel. leslie e ansund lectures . ucsb-edapate of Original Filing: Amendment (Must provide explanation in Part 3.) 2. Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_ 123 1 16 (7PM) Event Description ENSEMBLE BASIANI (PERFORMANCE) Date(s) OPROVIDED TITLE (S) OPENING DATE (S) Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Was ticket distribution made at the behest No X 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 of** Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) UCSB MUSIC DEP. FACULTY Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

	C.	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
				*
4.		fication		

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

Comment:

Print Name

Title

(Month, Day, Year)

1	. Agency Name			Date Stamp	California 802
	Arts & Lectures				Form UUZ
	Division, Department, or Region (If Applicable	9)			For Official Use Only
	University of California				ř.
	Designated Agency Contact (Name, Title)		<u> </u>	10	
	Rachel Leslic, Mgr. of Tick	etine (	Operations		Į.
	Area Code/Phone Number   E-mail	4115	- Forestor's	Amendment (Must pro	vide explanation in Part 3.)
(	805) 893-3458 rachel, lesti	ie@ artson	dicdures usbedu	Date of Original Filing:	(Month, Day, Year)
-	Function or Event Information	M-State de la companya del companya del companya de la companya de			(monus, buy, rous)
	Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	05.00
	Event Description Jazz at Lincoln Cents	er Orchest	_		
	Ticket(s)/Pass(es) provided by agency?		□ If no:		
	rionet(e)/1 ass(es) provided by agency:	Yes 🛛 No		Name of Soun	
	Was ticket distribution made at the behest	No ☑ Yes	☐ If yes: Bac	ratiul, Roman	
	of agency official?		•	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
	UCSB Department of Music	2	Faculty   F	Public Service	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
			Se		9
			Ceremonial Role	Other I	Income
			-		
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public			c purpose made pursuant to	the agency's policy	
	Children's Creative Project 1235 Veronica Springs Rd Ste B Santa Barbara, CA 93105	2	Public Service		
4.	Verification				
_	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with t	he requirements.
(	that the state of	Ron	man Baratiak, Associate (	Director	10/7/16
	Signeture of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				*

1.	Agency Name			Date Stamp	California 802
	Arts & Lectures		Form OUZ		
	Division, Department, or Region (If Applicable	9)			For Official Use Only
	University of California				8.
	Designated Agency Contact (Name, Title)				
	Rachel Leslie, Mgr. of Tick Area Code/Phone Number E-mail 805) 893-3458 rachel·lesli	eting Ope	rations		
	Area Code/Phone Number   E-mail	· U .		Amendment (Must pro	ovide explanation in Part 3.)
(8	305) 893-3458 rachel·lesli	ecarband l	ectures.ucsb.edu	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No 🗀	-	f Each Ticket/Pass \$	40.00
	Event Description Joey Alexander Tria Provide Title/Expl	Performan	© Date(s)	1 16 1 16	
	Ticket(s)/Pass(es) provided by agency?	Name of Sour	rce		
	Was ticket distribution made at the behest	aratiak, Rome	i~		
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes: Bartiak Roman Official's Name (Last, First)				
3.	Recipients	<del></del>			
	Use Section A to identify the agency's department or	unit. • Use Section	on B to identify an individu	al. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit    Number of   Ticket(s)/   Pass(es)			ic purpose made pursuant t	o the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	o.
	(Last, First)	Pass(es)		lacitally one of the following	8.
				Other And Role" or "Other" describe below:	Income
			Ceremonial Role	Other I	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy
	La Colina Jr. High 4020 Foothill Rd Santa Barbara, CA 93110	2	Public Service	æ ,	
	Verification I have read and understand EPPC Regulations 18944.1 and	18942. I have verifi Roman Bara	ed that the distribution set for atiak, Associate Directo	rth above, is in accordance with	the requirements.
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment				

1	. Agency Name			Date Stamp	California 802	
	Arts & Lectures				Form OUZ	
	Division, Department, or Region (If Applicable	9)			For Official Use Only	
	University of California				6	
	Designated Agency Contact (Name, Title)			¥		
	Rachel Leslie, Mgr. of Ticketing Area Code/Phone Number   E-mail	Opera	trons	Amendment (Must pr	I Pod 2)	
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(	805)893 - 3458 rachel·leslie	e artsand 1	ectures.ucsb.edw	Date of Original Filing: -	(Month, Day, Year)	
more	Function or Event Information					
	Does the agency have a ticket policy?	Yes ☒ No [	☐ Face Value of	f Each Ticket/Pass \$ 📥	×40.00	
	Event Description Ken Bums, lectu Provide Title/Expl	re anation	Date(s)	) 12 , 16		
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[	☐ If no:			
	mener(e), accretion provided by agency.	TES M NO		Name of Sou		
	Was ticket distribution made at the behest	No ☑ Yes [	If yes:	Baratiak, Roma	ın	
Tacal Library	of agency official?			Official's Name (L	ast, First)	
3.	Recipients					
	Use Section A to identify the agency's department or	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Describe the publi Pass(es)		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 If checking *Ceremonia	Other In Role" or "Other" describe below:	Income	
			0			
			Ceremonial Role L	Other al Role" or "Other" describe below:	Income L	
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy	
	Alpha Rescurce Center 4501 Cathedral Caks RD	4	Public Servi	ire		
	Santa Parbara, CA 93110		100110 0010	,		
	Pos Rueblos High school 7266 Alamedia Ave	30	Public Servin	æ		
1	Goleta, CA 93117 Verification	L				
٠.	I have read and understand FPPC Redulations 18944.1 and	18942. I have veri	ified that the distribution set for	rth above, is in accordance with	the requirements.	
	BIXEN		Roman Baratiak, A		12/4/12	
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
					5, 100 Mb.	



Name		
Lectures		
ipients		
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	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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:
		Ceremonial Role  Other  Income  Income  Income  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
Santa Barbara St a Barbara , CA 9310)	10	Public Service
Anacapa St la Banbara, CA 93101	2	Public Senice
Marcos High School O Hollister Ave 2 Borbara, CA 93110	30	Public Senice
Barbara High School E Anagamu St	30	Public Senice
	Name of Individual (Lest, First)	Name of Outside Organization (Include address and description)  Cuesta High School Santa Burkara St ta Barkara, AA 93101  Amcapa St Re Barkara, AA 93101  Parkara High School Santa Burkara St ta Barkara, AA 93101  Parkara High School Santa Burkara St ta Barkara, AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Amcapa St Re Barkara St ta Barkara AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Parkara High School Santa Burkara St ta Barkara AA 93101  Parkara High School Santa Burkara St Santa

TED x Santu Barbara 158 Hermosillo Dr Santa Barbara, CA 93108

Public Service

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
Area Code/Phone Number | E-mail ☐ Amendment (Must Provide Explanation in Part 3.) rachel. leslice ar Bandlectures. ucsb-ediDate 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: Lil Buck, performance Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Baratiat, Roman 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** UCSB Department of Anthropology Faculty / Public Service 1 UCSB Department of Theater/Dance Faculty / Public Service 8 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 Alpha Resource Center / 4501 Cathedral Public Service 4 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 FPPC Form 802 (2/2016)

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) Ruchel Leslie, Mgr. of Ticketing Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 805)893 - 3458 rachel leslie e arts and lectures. ucebed Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 40 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Maceo Parker, performance Date(s) \_ 10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Baratiak 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 Administrative Services Division Staff / Public Service 2 **UCSB Anthropology Department** Staff / Public Service 4 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 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 15 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				
DA D	Rassal	,	Donato	

de la	KOMEN DARAFIAIL	NUSSOC. LERECTOR	11/1/16
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			



Aq	encv	Name

Arts & Lectures

^					
3.	~	$\sim$	ın	ıa	nts
v.	1.		ı	16	1113

· 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 Letters & Science	2	Staff / Public Service
UCSB Dining Services	2	Staff / Public Service
UCSB Dynamical Neuroscience Department	2	Staff / Public Service
UCSB Earth Sciences Department	2	Faculty / Public Service
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		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:
		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)/ Passes	Describe the public purpose made pursuant to the agency's policy



Agency Name				
Arts & Lectures				

#### Recipients

of Ticket(s)/	Describe the multiplication and a second to the second to
Passes	Describe the public purpose made pursuant to the agency's policy
2	Staff / Public Service
2	Staff / Public Service
2	Faculty / Public Service
2	Staff / Public Service
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:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	2  2  Number of Ticket(s)/ Passes  Number of Ticket(s)/



Ą	gency Name					
rts	& Lectures					
	Recipients  • Use Section A to identify the agency's department or unit.	identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	UCSB Enterprise Technology Services	2	Staff / Public Service			
	UCSB Environmental Health & Safety Office	4	Staff / Public Service			
	UCSB Equal Opportunity & Sexual Harassment Prevention Office	2	Staff / Public Service			
	UCSB Facilities Management	2	Staff / Public Service			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
			Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
•			Ceremonial Role  Other  Income  Income			
			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:			
13	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			



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 Financial Aid & Scholarships Office	2	Staff / Public Service				
UCSB Graduate School of Education	4	Staff / Public Service				
UCSB Housing & Residential Services	12	Staff / Public Service				
UCSB Human Resources	4	Staff / Public Service				
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 Income If checking "Ceremonial Role" or "Other" describe below:				

Number

of Ticket(s)/ Passes

Name of Outside Organization (include address and description)

C.

Ceremonial Role

Other  $\square$ 

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

If checking "Ceremonial Role" or "Other" describe below:

Income



			A Public Documen
	cy Name		
R	Lectures  ecipients se 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.		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
U	CSB Institutional Advancement Division	2	Staff / Public Service
U	CSB Letters & Science IT Department	2	Staff / Public Service
U	CSB Materials Department	8	Staff / Public Service
U	CSB Mechanical Engineering Department	2	Staff / Public Service
В.	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 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:
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



or unit. • Use Section B to  Number of Ticket(s)/ Passes  2  2	identify an individual. * Use Section C to identify an outside organization.  Describe the public purpose made pursuant to the agency's policy  Staff / Public Service  Staff / Public Service  Staff / Public Service
Number of Ticket(s)/ Passes 2	Describe the public purpose made pursuant to the agency's policy  Staff / Public Service  Staff / Public Service
Number of Ticket(s)/ Passes 2	Describe the public purpose made pursuant to the agency's policy  Staff / Public Service  Staff / Public Service
of Ticket(s)/ Passes 2	Staff / Public Service Staff / Public Service
2	Staff / Public Service
4	Staff / Public Service
2	Staff / Public Service
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income
	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:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes  Number of Ticket(s)/



Ag	en	cv	N	am	ie
3		-,			

Arts & Lectures

#### 3. Recipients

	Number	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Procurement Services	2	Staff / Public Service
UCSB Psychological & Brain Sciences Department	4	Staff / Public Service
UCSB Purchasing Department	2	Staff / Public Service
UCSB Registrar's Office	2	Staff / Public Service
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:
		Ceremonial Role Other 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 I	Name
----------	------

Arts & Lectures

#### 3. Recipients

	Number	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Student Affairs Grants & Development	2	Staff / Public Service
UCSB Student Informations Systems & Technology	4	Staff / Public Service
UCSB Technology Management Program	2	Staff / Public Service
UCSB University Center	4	Staff / Public Service
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 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:
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
	18	



Agency Name	
Arts & 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	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
UCSB Central Development	4	Staff / Public Service				
UCSB College of Letters & Science	2	Staff / Public Service				
UCSB Computer Sciences Department	2	Staff / Public Service				
UCSB Counseling, Clinical, & School Psych	4	Faculty / Public Service				
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 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:				
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				

1.	Agency Name			Date Stamp	California Ong
	Arts & Lectures				Form OUZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	University of California				-
	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
		<b>^</b>			
	Rachel Leslie, Mgr. of Ticketing  Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)
1		ie a Arteana	llectures. Ucsb.edu	Date of Original Filing: _	-8
Service Service	805) 893 - 3458   Yachel lesli Function or Event Information	ce al isaic	regura. West. Car		(Month, Day, Year)
۷.	Does the agency have a ticket policy?	V 5	□ Face \/alue er	f Each Ticket/Pass \$	10
		Yes 🛛 No			
	Event Description Maira Kalman, Provide Title/Expl	lecture	Date(s)	124,16	
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	Name of Sou	ma
	Was ticket distribution made at the behest		- B		
	of agency official?	No 🛛 Yes	If yes: <u>Dau</u>	atiak, Romani Official's Name (La	ast, First)
3	Recipients				
Ο.	Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individua	al. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	UCSB Arts & Lectures	153 Public Ser		vice	
		Number of			
	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	3	Identify one of the followin	g:
			Ceremonial Role	Other	Income
			If checking "Ceremonia	I Role" or "Other" describe below:	
					· 3.
			Ceremonial Role	Other I	Income
	,	İ			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
				*	
_	Verification				
	I have read and understand FPPG Regulations 18944.1 and	1894 <del>2. I have ven</del>	ified that the distribution set for	th above, is in accordance with	the requirements
	a thin				10/2 2/14
	Signature of Agendy Head or Designee	Print Name	oman Baratiak, Associate	Title	(Month, Day, Year)
					,
	Comment:				*

-	-					
A	Pu	ıh	lic	Dr	CII	ment

1. Agency Name			Data Stamp	Colifornia Colo
Arts & Lectures	Date Stamp	California 802		
Division, Department, or Region (If Applicable		For Official Use Only		
University of California	£0.			
Designated Agency Contact (Name, Title)	]	*		
Ruchel. Leslie, Mgs. of Ticked Area Code/Phone Number   E-mail	etics Ope	rations	Amendment (Must pi	rovide explanation in Red 3.1
Lalian			1	
(805)813-3458 rachel. les	liceartsar	nd lectures. Ussbe	Date of Original Filing: -	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No [		f Each Ticket/Pass \$	
Event Description Marc Maron, Icoh	LrC anation	Date(s)	, 21,16	
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🛭	☐ If no:		
West Calada Calada	NO L		Name of Sou	
Was ticket distribution made at the behest of agency official?	No 🛛 Yes 🛭	If yes:B	aratiak, Roman	·
			Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or the section A to identify the agency's department or Unit	Number of	on B to identify an individua	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy
UCSB Pepartment of		Faculty/Public Service		
Theater & Dance	2	tacelly / F	Whic Jenice	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role If checking *Ceremonial	Other Role" or "Other" describe below:	Income
		Ceremonial Role If checking *Ceremonial	Other Role* or *Other* describe below:	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
Alpha Resource Center 4501 Cotthedral Caks Rd Santa Barbara, CA 93110	23	Public Ser	vice .	
I have read and understand FRPC Regulations 18944.1 and 1		d that the distribution set forth		le requirements.  Lo/2-5/L 6  (Wonth, pay, Year)
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) Amendment (Must provide explanation in Part 3.) rachef. lestie o ansandlectures ucsb.edu 805 ) 893 - 3458 Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗆 Date(s) 10 / 9 Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Baratiak, Roman Was ticket distribution made at the behest No X Yes □ Official's Name (Last, First) 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 of** Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income

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
na Resource Conter Catnedral Oaks Rd a Barbara, CA92110	10	Public Service
Today Bear Canner Frundation 3892 State St STE 220 Santa Barbara, CA 93105		Public Service
	(include address and description)  TO Resource Conter  Contraction Daks Rol  O Barbara, CA92110  Y Bear Cancer Frundation  2 State St STE 220	(include address and description)  Ticket(s)/ Pass(es)  Resource Conter  Cutnedtal Oaks Rd  a Barbara, CA92110  Par Cancer Frundation  2 State St STE 220

If checking "Ceremonial Role" or "Other" describe below:

3892 State St STE 220 Santa Barbara, CA 93105	141	Public Service	
Verification  I have read and understand FPPC Regulations 18844.		rified that the distribution set forth above, is in accordance wit	th the requirements.
Signature of Agency Head or Designee	Print Name	e Title	(Month, Day, Year)
Comment:		£.	EDDC Form 902 /4/



Agency Name Arts & Lectures										
. Recipients										
<ul> <li>Use Section A to identify the agency's department</li> </ul>	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)	Describe the public purpose made pursuant to the agency's policy								
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:								
		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:								
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:								
		Ceremonial Role  Other  Income  Income  Income  Income  If checking "Ceremonial 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								
Isla Vista Yauth Projects, Inc. 970 Emburcadero del Mar Goleta, CA 93117	25	Public Service								

#### **Agency Report of:**

77.0	- 31(1) 4 <del>5</del> 5					DO COLUMN TO THE PARTY OF THE P
Cerem	onial	Role	Events	and T	icket/Pass	Distributions

1.	Agency Name			Date Stamp	California 802
	Arts & Lectures	ts & Lectures			
	Division, Department, or Region (If Applicable	1	For Official Use Only		
	University of California		s.		
	Designated Agency Contact (Name, Title)				
	Rachel / (sie, Manager of Ticher Area Code/Phone Number JE-mail	Keting	operations	Amendment (Must pro	vide explanation in Part 3.)
9	805-893-3458 (achel. les)	ie only su	ndlectules.ucsb	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information	· · · · · · · · · · · · · · · · · · ·	edu		_
	Does the agency have a ticket policy?	Yes⊠ No.	Face Value o	f Each Ticket/Pass \$/	5
	Event Description Telluride Mar Film Provide Title/Exple	2 anation	Date(s) <u>//</u>	,20,16	
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No [	☐ If no:	Name of Source	ce
	Was ticket distribution made at the behest of agency official?	No ☑ Yes [	☐ If yes:	Official's Name (Las	ratiak, Roman
3.	Recipients				
	Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency of the agency	,	tion B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	VCSB HUMAN RESOURCE	2	Public Service / Morale		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	1:
	(Last, First)	Pass(es)			
				Other al Role" or "Other" describe below:	Income
			Ceremonial Role [	Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
				•	
					***************************************
	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ver	rified that the distribution set fo	orth above, is in accordance with t te Director	he requirements.
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				