Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Arts & Lectures **Form** Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 Date of Original Filing: _ rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 40.00 Yes ⊠ No □ Event Description: Aida Cuevas, performance Date(s) 10 , 10 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **UCSB Arts & Lectures** Public Service 52 UCSB Chicano Studies Department Public Service 9 Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Frank Ochoa Income If checking "Ceremonial Role" or "Other" describe below: 2 Public Service Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Girls Inc of Carpinteria Public Service 20 5315 Foothill Road, Carpinteria, CA 93013 Girls Inc of Santa Barbara Public Service 40 PO Box 236, Santa Barbara, CA 93102

4. Verification

rification .			
have read and understand FPPC Reg vith the requirements.	ulations 18944.1 and 18942. I have ve	erified that the distribution set fo	rth above, is in accordance
That the regularities.	Roman Baratiak,	Associate Director	10/19/14
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			, ,



Agency	Name
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Arts & Lectures

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	dentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
UCSB English Department	4	Public Service
UCSB Music Department	4	Public Service
UCSB Social Sciences Department	2	Public Service
UCSB Spanish & Portuguese	2	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 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
Mariachi Monarchas UNKNOWN	20	Public Service
Pacifica High School Mariachi 600 E Gonzalez Rd	22	Public Service
Viva el Arte 305 Grenoble St, Camarillo, CA 93011	2	Public Service
		, , , , , , , , , , , , , , , , , , , ,

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 40.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Preet Bharara, lecture Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Public Service / Faculty **UCSB Blum Center** 2 Public Service / Faculty UCSB College of Letters & Science 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Regulation.	s 18944.1	1 and 18942	. I have veri	fied that the	distribution	set forth a	bove, is in	accordance
with the requirements.								

Roman Baratiak, Associate Director
Signature of Agenty Head or Designee Print Name Title

Comment:

		Date Stamp		
	Al Al	Date Stamp	California QNO	
			California 802 Form 801	
Division, Department, or Region (if applicable)				
			,	
		☐ Amendment (Must Pro	vide Evolenation in Part 3)	
Area Code/Phone Number E-mail			vide Explanation in Part 3.)	
llectures.ud	csb.edu	Date of Original Filing:	(month, day, year)	
		0.5		
No □ F	ace Value of I	Each Ticket/Pass \$ $\frac{35.9}{100}$	00	
	Date(s)10	14 / 18		
	f no:			
No ∐ "	yes	Official's Name (Last, First)		
		- North North		
e Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.	
Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
1	Public Service	ce / Faculty		
Number of Ticket(s)/		Identify one of the fol	lowina:	
Passes				
	15,000,000		Income Dibe below:	
			Income [
Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
20	Public Service	e		
20	Public Service	ce		
	No February Francisco Fran	Date(s)	No	

Agency Report of:

160 St. Josephs St., SB, CA 93111



gency Name & Lectures	7	
Recipients	Lica Section R to	dentify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		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:
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
McKinley School 350 Loma Alta Dr, SB, CA 93109	20	Public Service
Monroe Elementary School 431 Flora Vista Dr, SB, CA 93109	20	Public Service
St. Raphael School	20	Public Service

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{80.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: <u>Jazz at Lincoln Center Orchestra</u> 09 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB** Department of Music Faculty / Public Service 16 UCSB Department of Theater/Dance Faculty / Public Service 1 Number Name of Individual B. 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification /			
	lations 18944.1 and 18942. I	have verified that the distribution set forti	h above, is in accordance
with the requirements.	Roman	Baratiak, Associate Director	10/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			1 1

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Agency Report of:		
Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
Arts & Lectures		Form OUZ
Division, Department, or Region (if applicable)	1	For Official Use Only
University of California		7
Designated America Contract (Alexander Title)	1	

. Agency Name				Date Stamp	Form 802	
Arts & Lectures					· Carrie	
Division, Department, or Region (iii	f applicable)				For Official Use Only	
University of California						
Designated Agency Contact (Name	,Title)					
Rachel Leslie, Manager of Ticket	ting Operations			Amendment (Must Pi	rovide Explanation in Part 3.)	
Area Code/Phone Number E-m	ail					
(805) 893-3458 rac	rachel.leslie@artsandlectures.ucsb.edu			Date of Original Filing:(month, day, year)		
. Function or Event Informati	on			25		
Does the agency have a ticket po	olicy? Yes⊠ No	Fac	e Value of	Each Ticket/Pass \$ $\frac{25}{2}$)	
Event Description: Jonah Goldbe	erg, lecture Provide Title/ Explanation	Dat	e(s)	, 07 , 18		
Ticket(s)/Pass(es) provided by ag		□ If n	0:	Name of Source		
Was ticket distribution made at the of agency official?	ne behest Yes⊠ No	□ If ye	es:	Official's Name (Last, First)		
of agency official?				/		
. Recipients			, - d - M	4		
• Use Section A to identify the agency's de	partment or unit. • Use Sect	ion B to ider	ntify an individ	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Departmen	nt or Unit of Tid	mber cket(s)/ sses	Describe th	e public purpose made purs	suant to the agency's policy	
UCSB Arts & Lectures		19 P	ublic Service	ce		
UCSB History of Art & Architec	ture	4 P	ublic Servi	ce / Staff	1	
B. Name of Individual (Last, First)	of Tio	mber cket(s)/		Identify one of the fo	ollowing:	
				nonial Role Other sing "Ceremonial Role" or "Other" des		
				nonial Role Other Cing "Ceremonial Role" or "Other" des		
C. Name of Outside Organization (include address and description)	rintion) of Tio	mber cket(s)/ sses	Describe the	e public purpose made purs	suant to the agency's policy	

. Verification						
I have read and understand FPAC R	egulations 18944.1 and	18942. I h	ave verified t	that the distribution set fo	orth above, is in accordance	
with the requirements.					1 1	
DA XIII		Roman B	aratiak, Asso	ociate Director	10/19/18	
Signature of Agency Head or Designee	Print Name)		Title	(month, day, year)	
Comment					,	
Comment:						

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



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Arts & Lectures

3. Recipients

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSE	California Nanosystems Institute	2	Public Service / Staff
UCSE	College of Engineering	2	Public Service / Staff
	3 Counseling, Clinical, & School nology	4	Public Service / Faculty
UCS	B Davidson Library	2	Public Service / Faculty
В.	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 If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy



Agency Report of:

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Ceremonial	Role	Events	and	Ticket/Pass	Distributions

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1.	Agency Name				Date Stamp	California 802			
	Arts & Lectures					Form GUZ For Official Use Only			
	Division, Department, or Region (if applied	able)			,	To official oscioniy			
	University of California								
	Designated Agency Contact (Name, Title)								
	Rachel Leslie, Manager of Ticketing C	perations			Amendment (Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number E-mail					" " " " " " " " " " " " " " " " " " " "			
	(805) 893-3458 rachel.le	slie@artsar	ndlectures.ud	csb.edu	Date of Original Filing:(month, day, year)				
2.	Function or Event Information				0.5	-			
	Does the agency have a ticket policy?	Yes 2	No ☐ F	ace Value of	Each Ticket/Pass \$ 25)			
	Event Description: Jonah Goldberg, le	ecture	Г	late(s) 10	<u>, 07 , 18</u>	7 /			
	Prov.	ide Title/ Explan	ation	zato(0) <u></u>	,				
	Ticket(s)/Pass(es) provided by agency	/? Yes ☑	No □ If	no:	Name of Source				
	Man ticket distribution made at the ba	haat ===							
	Was ticket distribution made at the be	nest Yes	No∐ "	yes	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agency's departme	ent or unit. • U	Jse Section B to i	identify an individ	lual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or U	nit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy			
	UCSB Earth Science Department	2.	Public Service / Faculty						
	UCSB Ecology, Evolution, & Marine	Biology	2	Public Service / Faculty					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
					nonial Role Other king "Ceremonial Role" or "Other" des				
			· · · · · · · · · · · · · · · · · · ·		nonial Role Other king "Ceremonial Role" or "Other" des	· · · · · · · · · · · · · · · · · · ·			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy			
4.	Verification								
	I have read and understand FPPC Regula with the requirements. Signature of Agency Head or Designee			I have verified t		orth above, is in accordance			
	Comment:					<u> </u>			





Agency Name		
Arts & Lectures		

Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Education Abroad Program	2	Public Service / Staff
UCSB Electrical & Computer Engineering	2	Public Service / Faculty
UCSB Engineering Sciences Program	2	Public Service / Staff
UCSB Extension	2	Public Service / Staff
UCSB Education Abroad Program 2 Public Service / Staff UCSB Electrical & Computer Engineering 2 Public Service / Facul UCSB Engineering Sciences Program 2 Public Service / Staff UCSB Extension 2 Public Service / Staff B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role [If checking "Ceremonial Role If checking "Ceremonial Ro	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 If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy

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

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7	Agency Name					Date Stamp	California OOO		
•	Arts & Lectures					Date Stamp	Form 802		
	Division, Department, or Reg	ion (if applicable)					For Official Use Only		
	University of California	ion (ii applicable)				7			
	Designated Agency Contact	(Nama Titla)				*			
			ione						
	Rachel Leslie, Manager of		ions			Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail							
	(805) 893-3458	rachel.leslie@	artsandlect	ures.u	csb.edu	Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation		**					
	Does the agency have a tic	ket policy?	Yes⊠ No	ПЕ	ace Value of B	Each Ticket/Pass \$ 25			
	Event Description: Jonah G								
	Event Description:	Provide Title	/ Explanation	[Date(s)/				
	Ticket(s)/Pass(es) provided			п I	f no:	Name of Source			
	Was ticket distribution made	e at the behest	Yes 🔼 No	· 🗆 "	yes:	Official's Name (Last, First)			
	of agency official?								
3.	Recipients								
•	• Use Section A to identify the ager	ıcy's department or u	nit. • Use Sect	ion B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa		Nu	mber cket(s)/		e public purpose made purs			
			Pa	sses					
	UCSB Geography Depart	ment		2	Public Service	e / Faculty			
	UCSB Graduate School of	f Education		2	Public Service	rice / Staff			
	B. Name of Indi		of Tic	mber cket(s)/ sses		Identify one of the fo	llowing:		
	,				1	onial Role Other Officer Offic	Income Income		
						onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions of the control of the cont	Income Income		
	C. Name of Outside O (include address and		of Tio	mber :ket(s)/ sses	Describe the	public purpose made purs	uant to the agency's policy		
	Verification								
	I have read and understand FP with the requirements.	PC Regulations 1	8944.1 and		have verified the Baratiak, Asse		th above, is in accordance		
	Signature of Agency Head or Design	ee V	Print Name		- Deletion, Asse	Title	(month day year)		
	The strain of body	etin.	. micreanic			THE	(monal, day, year)		
	Comment:								





Agency Name		
Arts & Lectures		

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
UCSB Institutional Advancement Division	2	Public Service / Staff
UCSB International Students & Scholars Office	6	Public Service / Staff
UCSB Letters & Science IT Department	4	Public Service / Staff
UCSB Linguistics Department	2	Public Service / Faculty
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 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 Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name			7 %	Date Stamp	California QO2			
	Arts & Lectures					Form OUZ			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	University of California								
	Designated Agency Contact	(Name, Title)				1			
	Rachel Leslie, Manager of T	icketing Operation	IS		Amendment (Must Pro	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Mass 7 70	ovide Explanation in Falt 5.)			
	(805) 893-3458	rachel.leslie@art	sandlectures.u	csb.edu	Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick		s⊠ No□ F	ace Value of	Each Ticket/Pass \$ 25				
	Event Description: Jonah G	Provide Title/ Exp	olanation	Date(s)	, 07 , 18				
	Ticket(s)/Pass(es) provided			f no:	Name of Source				
	Was ticket distribution made	at the behest Yes	s⊠ No□ ^{II}	f yes:	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Depa	pency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to							
	UCSB Marine Science Ins	titute	2	Public Service	ce / Staff	1			
	UCSB Office of Research		8	Public Service	ce / Staff				
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the following:				
					onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income			
				1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy			
	Verification								
	I have read and understand FP	PC Regulations 1894	14.1 and 18942. I	l have verified tl	hat the distribution set for	th above, is in accordance			
	with the requirements.	2 A	Roma	an Baratiak. Ass	sociate Director	1 1			
	de the	/ \				10/22/18			
	Signature of Agency Head or Designation	ee	Print Name		Title	(month, day year)			
	Comment:				3				





Agency Name		The state of the s	20-35	
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 PASC	2	Public Service / Staff
UCSB Procurement Services	2	Public Service / Staff
UCSB Psychological & Brain Sciences Department	4	Public Service / Faculty
UCSB Psychological & Brain Sciences Department	2	Public Service / Staff
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:
		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
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name				Date Stamp	California OOO
	Arts & Lectures					Form OUZ
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	University of California					
	Designated Agency Contact	(Name, Title)				
	Rachel Leslie, Manager of 7	Ticketing Operations			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musit 770	wide Explanation III I all 3.)
	(805) 893-3458	rachel.leslie@artsa	indlectures.ud	csb.edu	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 25	
	Event Description: Jonah G	oldberg, lecture	Г	late(s) 10	, 07 , 18	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	f no:	Name of Source	
	Was ticket distribution made	at the beheet v		yes:		
	of agency official?	e at the beliest Yes	ŭ No∐ "	ycs	Official's Name (Last, First)	
	or agency emolar.					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	UCSB Statistic & Applied Department	Mathematics	2	Public Service	ce / Faculty	
	UCSB Student Affairs Adn	ninistrative Services	2	Public Service	ce / Staff	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				I	onial Role Other ing "Ceremonial Role" or "Other" descri	Income In
					onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
۱.	Verification I have read and understand FP with the requirements. Signature of Agency Head or Designation			have verified th		h above, is in accordance (b) 22 / S (rhonth, day, year)
	Comment:					





Income

			A i abile becament					
A	gency Name							
Art	s & 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 Student Health Department	2	Public Service / Staff					
	UCSB Transportation & Parking Services	2	Public Service / Staff					
	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:					

Number

of Ticket(s)/

Name of Outside Organization

C.

Ceremonial Role

Other

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

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

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, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Kay Redfield Jamison, lecture Date(s) 10 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☒ No ☐ If yes: . 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 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Public Service Casa Pacifica 2 1722 South Lewis Rd, Camarillo, CA 93012 Public Service Cottage Health System 2 400 W Pueblo St. Santa Barbara, CA 93102

4. Verification

verification				
I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942. I have Roman Bara	verified that the distribution set forti tiak, Associate Director	h above, is in acco	rdance
DRP 1			10/14	18
Signature of Agency Head or Designee	Print Name	Title	(month, day	year)
Comment:				

3.



. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	Number				
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
		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			
Mental Wellness Center 617 Garden St, Santa Barbara, CA 93101	3	Public Service			
Santa Barbara City College 721 Cliff Dr, Santa Barbara, CA 93109	2	Public Service			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 15.00 Event Description: Ojai Storytelling, performance Date(s) __10 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: . Was ticket distribution made at the behest Yes ⊠ No □ If yes: _ 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** UCSB Children's Center Public Service 20 UCSB Housing & Residential Services Public Service 20 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Adam's Elementary School Public Service 20 2701 Las Positas Rd, SB, CA 93105 Adelante Charter School Public Service 20 1120 E Yanonali St, SB, CA 93103 4. Verification I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Roman Baratiak, Associate Director

Print Name

Signature of Agency Head or Designee

Comment: __

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Arts



ency Name		
& Lectures Recipients • Use Section A to identify the agency's department or unit.	lentify 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
	Name	
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:
		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
Girls Inc of Carpinteria 5315 Foothill Rd, SB, CA 93013	20	Public Service
Girls Inc of Santa Barbara PO Box 236, SB, CA 93102	40	Public Service
McKinley School 350 Loma Alta Dr, SB, CA 93109	20	Public Service
Peabody Charter School 3018 Calle Noguera, SB, CA 93105	4	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, Manager of Ticketing Operations ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 15.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Ojai Storytelling, performance Date(s) __10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ⊠ No □ If yes: _ of agency official? 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Public Service St. Mary of the Assumption 20

4. Verification

St. Raphael School

424 E Cypress St, Santa Maria, CA 93454

160 St. Josephs St, SB, CA 93111

I have read and understand FA	PC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in acco	ordance
with the requirements.						

20

Public Service

Roman Baratiak, Associate Director

Signature of Agency Head or Designee Print Name Title

Title (month, day,

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (805) 893-3458 Date of Original Filing: _ rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 40.00 Does the agency have a ticket policy? Event Description: Seong-Jin Cho, performance Date(s) 10 / 16 / Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB** Department of Music Public Service / Master class participants 9 UCSB Department of Music Public Service / Faculty 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Roman Baratiak, Associate Director

Print Name

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) 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, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{42.00}{}$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Soweto Gospel Choir Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **UCSB** Department of Music Public Service / Outreach 20 Gospel Choir **UCSB** Department of Music Public Service / Faculty 1 Number Name of Individual B. 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Public Service Inner Light Gospel Choir 6 Address Unknown

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

Comment:

Roman Baratiak, Associate Director

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

4. Verification

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 Date of Original Filing: . rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Yes \boxtimes No \square Face Value of Each Ticket/Pass \$ $\frac{35.00}{}$ Does the agency have a ticket policy? Event Description: St. Paul & The Broken Bones Date(s) __10 _ / 21 , Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ 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. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes UCSB Environmental Studies Department** Public Service 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income 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 Public Service 2 4501 Cathedral Oaks Rd, SB, CA 93110 Appfolio Public Service 20 50 Castilian Dr, Goleta, CA 93117

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director Signature of Agency Head or Designee Print Name Title (rhonth, day, year)



ency Name		
& Lectures Recipients • Use Section A to identify the agency's department or unit	t. • Use Section B to ic	lentify 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:
(Last, Filst)	Passes	Ceremonial Role Other Income
		Ceremonial Role Other Income Income
		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
CALIENT Technologies 25 Castilian Dr, Goleta, CA 93117	20	Public Service
Draughtsmen Aleworks 53 Santa Felicia Dr, Goleta, CA 93117	6	Public Service
Graphiq 101 Innovation PI, SB, CA 93108	22	Public Service
KARL STORZ Imaging, Inc. 1 S Los Carneros Rd, Goleta, CA 93117	20	Public Service

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures Form Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu 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 \$ 35.00 Yes ⊠ No □ Event Description: St. Paul & The Broken Bones Date(s) __10 _ / 21 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual 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 C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ Passes Las Cumbres Observatory Public Service 20 6740 Cortona Dr, STE 1, Goleta, CA 93117 M Special Brewing Company Public Service 6 6869 Cortona Dr, Bldg C, Goleta, CA 93117

Verification			
I have read and understand FPPC Rewith the requirements.	egulations 18944.1 and 18942. I have ve	rified that the distribution set forth a	above, is in accordance
Signature of Agency Head or Designee		k, Associate Director	10/24/18
-ig-industry flead of Designee	Print Name	Title	(month day year

Comment:

Arts 3.



gency Name				
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.				
Use Section A to identify the agency's department or unit.	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	Passes			
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		
		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		
Rock West Solutions 110 Castilian Dr, STE 102, Goleta, CA 93117	5	Public Service		
Sonos 223 E De La Guerra, SB, CA 93101	20	Public Service		
Toyon Research Corporation 6800 Cortona Dr, Goleta, CA 93117	20	Public Service		
Yardi Systems 430 S Fairview Ave, Goleta, CA 93117	30	Public Service		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Arts & Lectures **Form** Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu **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 \$ 35.00 Yes ⊠ No □ Event Description: St. Paul & The Broken Bones Date(s) __10 / 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: _ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: _ Official's Name (Last, First) 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 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 Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Youth Interactive Public Service 6 209 Anacapa St, Santa Barbara, CA 93101 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Roman Baratiak, Associate Director

Print Name

Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Arts & Lectures For Official Use Only Division, Department, or Region (if applicable) University of California Designated Agency Contact (Name, Title) Rachel Leslie, Manager of Ticketing Operations Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (805) 893-3458 rachel.leslie@artsandlectures.ucsb.edu (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Company Wang Ramierez Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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	8	Public Service / Faculty & Department Chair
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:
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
UCLA Center for the Art of Performance 340 Royce Dr, Blg 100, LA, CA 90095	2	Public Service
The Broad Stage 1310 11th St, Santa Monica, CA 90401	3	Public Service

340 Royce Dr, Blg 100, LA, CA 90095	_				
The Broad Stage 1310 11th St, Santa Monica, CA 90401	3	Public Service			
Verification					
with the requirements.	nd FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for Roman Baratiak, Associate Director				
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
Comment:					
			FPPC Form 802 (2/2016)		

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ributions	А	Public Document	
1.	Agency Name Arts & Lectures Division, Department, or Region (if applicable) University of California			Date Stamp	California 802 Form 809		
	Designated Agency Contact	(Name Title)					
	Rachel Leslie, Manager of Ticketing Operations						
	Area Code/Phone Number	F-mail			Amendment (Must Provide Explanation in Part 3.)		
	(805) 893-3458				Date of Original Filing: (month, day, year)		
2.	Function or Event Infor	mation				2000000	
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Ea				Each Ticket/Pass \$ $\frac{35}{}$.00	
	Event Description: Joan Halifax, lecture Date(s) Date(s)			, 23 , 18			
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:			Name of Source			
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes: of agency official?			Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit of		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	UCSB Department of Religious Studies		1	Public Service / Faculty			
	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:			
					onial Role Other or "Other" desi	Income In	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	Santa Barbara Public Libra 40 E Anapamu St, SB, CA		2	Public Service	ce		
4.	Verification I have read and understand FP with the requirements. Signature of Agency Head or Design Comment:	A		I have verified t		rth above, is in accordance	