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

**A Public Document** 

1	. Agency Name			Date Stamp	California Ono
	Arts & Lectures				Form 8U2
	Division, Department, or Region (If Applicable	e)		-	For Official Use Only
	University of California				
	Designated Agency Contact (Name, Title)				
	Kachel Leslie, Mgr. of Ticket		ļ		
	Area Code/Phone Number   E-mail	J 7-	2-11-1-3	Amendment (Must p	provide explanation in Part 3.)
(	805) 893-3458 rachel. lesl	ie@ artsar	rd lectures - ucsb. edu	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				(
	Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	44.00
	Event Description FAREED ZAKARIA LECTURE Date(s) 9 129 16				
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:		
	Was tisket distribution and a still a training		0	Name of So	
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	☐ If yes:	official's Name (I	Last First
_				Oniciais Ivanie (I	Last, Firstj
3.					
	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				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	D. Marie Charles	Number of			
	Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	CARBAJAL, SALUD	2	Ceremonial Role I If checking *Ceremonial Public Se	I Role" or "Other" describe below:	Income .
			Ceremonial Role If checking *Ceremonial	Other D	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
,					
	Verification have read and understand FPPC/Regulations 18944.1 and	18942. I have ver	ified that the distribution set fort Roman Baratiak, Assoc		the requirements.
٠	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
(	Comment:				

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

**A Public Document** 

1.	Agency Name			Date Stamp	California 202
	Arts & Lectures				Form 002
	Division, Department, or Region (If Applicab	livision, Department, or Region (If Applicable)			For Official Use Only
	University of California				ř.
	Designated Agency Contact (Name, Title)				
	Rachel Les lie, Mgr. of Ticke	tine Oper	ations		
0.20	Area Code/Phone Number   E-mail	3	. , ,	Amendment (Must pro	vide explanation in Part 3.)
(8	\$05)893-3458 (achel·les)	lie@ ansand	lectures wishedu	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		The state of the s	/	
	Does the agency have a ticket policy?	Yes 🛛 No	mattered .	f Each Ticket/Pass \$ 🚅	35
	Event Description Iron 3 Wine Provide Title/Exp	planation	Date(s)	25,16	
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[		Name of Sour	ce
	Was ticket distribution made at the behest	No KZI Voo I	7 Km Ra	ratiak, Roman	N
	was ticket distribution made at the behest No ☒ Yes ☐ If of agency official?		If yes:	ratiak, Roman Official's Name (La	st, First)
3.	Recipients				
<ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside or</li> </ul>				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	the agency's policy
	N/A		N/A		
	D. Name of find bidded	Number of		4	
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role [	Other In the Interpretate of the Interpretate	Income
			Ceremonial Role	Other Il Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
,	Verification have read and understand FPPC Regulations 18944.1 and Signature of Agerical Head or Designee	d 18942. I have ven			he requirements.

### **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 Applicab	ole)			For Official Use Only
University of California		5		5.
Designated Agency Contact (Name, Title)				
Rachel Leslie, Mgr of Ticketing Operations  Area Code/Phone Number   E-mail  805)893-3458 rachel leslie carts and lectures. ucsb.edu			Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number   E-mail		. 4	Date of Original Filing:	
(805)893-3458 rachellest	iecar7Sand	lectures. Ucsb.edu	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				45 00
Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	73.
Event Description The Time Jumpe  Provide Title/Ex	1 Ders performance Date(s) 9 1 29 1			
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No		Name of So	purce
Was ticket distribution made at the behest	N - 1571 W 1	n , B	aratiak, Roma	au
of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (	Last, First)
3. Recipients				
Use Section A to identify the agency's department or		tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
,				
Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
		9		
		Ceremonial Role  If checking *Ceremoni	Other Dial Role* or *Other* describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
COX Communications 22 S. Fairview Avenue Goleta, CA 93117	36	Public Service	е ,	
Curvature 4500 Hollister Avenue Groleta, CA 93117	50	Public Senic	e	
4. Verification				
I have read and understand FPPC Regulations 18944.1 al	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
		Roman Baratiak, Ass		6/4/16
Signature of Agency Head or Designee	Print Name		Title	(MontH, Day, Year)
Comment:				·

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



. Recipients  • Use Section A to identify the agency's de	partment or unit. • Use Sec	tion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or	No.	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of	
(Last, First)	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 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
Yardi systems 430 S Fairview Ave Gideta, CA 93117	50	Public Senice