Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Arts & Lectures Division, Department, or Region (if applicable) For Official Use Only University of California Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: . 805-893-3458 (month, day, year) Iradnel leslie Wartsandlectures uces edu 2. Function or Event Information Face Value of Each Ticket/Pass \$ 49.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Lila Downs Date(s) __9 _ / 27 _/ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes UCSB College of Letters & Science Public Service 2 UCSB Student Affairs Grants & Development Public Service/Staff 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 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** Adelante Charter School Public Service 2 1102 E Yanonali St, Santa Barbara 93103 Carpinteria Arts Center Public Service 4 855 Linden Ave, Carpinteria 93013 4. Verification I have read and understand FRPC 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

Agency Report of:

Comment:

Cox Communications

22 S Fairview Ave, Goleta, 93117



gency Name		
& Lectures		
Recipients • Use Section A to identify the agency's department or unit.	· Use Section B to i	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 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
Carpinteria High School 4810 Foothill Rd, Carpinteria 93013	30	Public Service
Casa Dorinda Retirement Residence 300 Hot Springs Rd, Santa Barbara, 93108	2	Public Service
Chinelos of Santa Barbara & So California	50	Public Service

Public Service

2

1. Agency Name			Date Stamp	California OOO
Arts & Lectures				Form 802
Division, Department, or Region (if applicable)			1	For Official Use Only
University of California				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail	Manage	Υ	Amendment (Must P	rovide Explanation in Part 3.)
805-893-3458 machel·leslie@arts	sand lectures	ucss.edu	Date of Original Filing: .	(month, day, year)
2. Function or Event Information			40	00
		Face Value of	Each Ticket/Pass \$ 49	7.00
Event Description: Lila Downs		Date(s)9	<u>, 27 , 17 </u>	
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes		£		
ricket(s)/r ass(es) provided by agency? Yes	X No□	T NO:	Name of Source	
Was ticket distribution made at the behest Yes	No□ I	f yes:	Official's Name (Last, First)	
of agency official?			Official's Name (Last, First)	
RecipientsUse Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:
(Last, First)	Passes		onial Role Other ing "Ceremonial Role" or "Other" desc	Income Cribe below:
			onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
Dos Pueblos High School 7266 Alameda Ave, Goleta, 93117	30	Public Service	e	
El Latino Central Coast 27 W Anapamu St STE 396, SB, 93101	2	Public Service	e	
Verification				
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942.	l have verified th	nat the distribution set for	th above, is in accordance

Comment:



ency Name & Lectures		
Recipients	• Use Section B to i	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 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
Franklin Elementary School 1111 E Mason St, Santa Barbara, 93103	2	Public Service
Girls Inc of Santa Barbara PO Box 236, Santa Barbara, 93102	22	Public Service
Mariachi Monarcas ADDRESS UNKOWN	20	Public Service
Marjorie Luke Theater	2	Public Service

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Arts & Lectures			- ato otamp	Form 80
Division, Department, or Region (if applicable)				For Official Use Only
University of California				
Designated Agency Contact (Name, Title)				
Rachel Legie Tickel Action	00			
Area Code/Phone Number E-mail	<u> manacye</u>	Y	Amendment (Must F	Provide Explanation in Part 3.)
7/15 802 2/150 malad to 12 0a	0.1		Date of Original Filing:	4-4-4
305-893-3458 machel leslie Qa Function or Event Information	ntsandlectur	es ucsb.edu		(month, day, year)
D#-		Γ\/-l	- 1 - 1 - 49	9.00
			Each Ticket/Pass \$ 49	7.00
Event Description: Lila Downs		Date(s)9	27 _/ 17	
Provide Title/ Expl Ticket(s)/Pass(es) provided by agency? Yes		lf mai		
Yes	⊠ No □	If no:	Name of Source	
Was ticket distribution made at the behest Yes		If yes:		
of agency official?			Official's Name (Last, First)	
Desirients				
Recipients	**			
Use Section A to identify the agency's department or unit.		identify an individ	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Describe the		e public purpose made pursuant to the agency's polic	
	Passes			
	 			
		1		
R Name of Individual	Number			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	of Ticket(s)/	Ceremo		
	of Ticket(s)/		Identify one of the formal Role Other of the formal Role Other of the formal Role or "Other" design of the formal Role of the form	Income
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	of Ticket(s)/	lf checkii	nial Role Other of "Other" descriptions of "Other" descriptions of the control of	Income cribe below:
	of Ticket(s)/	If checking	nial Role Other	Income Income
	of Ticket(s)/	If checking	nial Role Other of "Other" description of the Other of th	Income Income Income
(Last, First) Name of Outside Organization	of Ticket(s)/ Passes	If checkii Ceremc If checkii	nial Role Other of "Other" description of the Other of th	Income In
(Last, First)	of Ticket(s)/ Passes	If checkii Ceremc If checkii	nial Role Other of "Other" description of the Other of th	Income In
C. Name of Outside Organization (include address and description) McKinley School	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If checkii Ceremc If checkii	nial Role Other or "Other" description of the or "Other" description of the other other of the other o	Income In
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes Number of Ticket(s)/	Ceremo If checkin	nial Role Other or "Other" description of the or "Other" description of the other other of the other o	Income In
C. Name of Outside Organization (include address and description) McKinley School	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkii Describe the Public Service	nial Role Other of "Other" description of "Ceremonial Role" or "Other" description of the other other of the other of the other	Income In
C. Name of Outside Organization (include address and description) McKinley School 350 Loma Alta Dr, Santa Barbara, 93109	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin	nial Role Other of "Other" description of "Ceremonial Role" or "Other" description of the other other of the other of the other	Income in
C. Name of Outside Organization (include address and description) McKinley School 350 Loma Alta Dr, Santa Barbara, 93109 Notre Dame School 33 E Micheltorena St, Santa Barbara, 93101	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkii Describe the Public Service	nial Role Other of "Other" description of "Ceremonial Role" or "Other" description of the other other of the other of the other	Income Income Income
C. Name of Outside Organization (include address and description) McKinley School 350 Loma Alta Dr, Santa Barbara, 93109 Notre Dame School 33 E Micheltorena St, Santa Barbara, 93101 Verification	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2	Ceremo If checking the Checking If checking the Checking Public Service Public Service Public Service If the Checking In the C	nial Role Other or "Other" description of the or "Other" description of the or "Other" description of the other o	Income cribe below: Income cribe below: uant to the agency's policy
C. Name of Outside Organization (include address and description) McKinley School 350 Loma Alta Dr, Santa Barbara, 93109 Notre Dame School 33 E Micheltorena St, Santa Barbara, 93101 Verification have read and understand FPPC Regulations 18944	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2	Ceremo If checking the Checking If checking the Checking Public Service Public Service Public Service If the Checking In the C	nial Role Other or "Other" description of the or "Other" description of the or "Other" description of the other o	Income cribe below: Income cribe below: uant to the agency's policy
C. Name of Outside Organization (include address and description) McKinley School 350 Loma Alta Dr, Santa Barbara, 93109 Notre Dame School 33 E Micheltorena St, Santa Barbara, 93101 Verification have read and understand FPPC Regulations 18944	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2	Ceremo If checking the Checking If checking the Checking Public Service Public Service Public Service If the Checking In the C	nial Role Other or "Other" description of the or "Other" description of the or "Other" description of the other o	Income cribe below: Income cribe below: uant to the agency's policy
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Santa Barbara Museum of Art

1130 State St, Santa Barbara, 93101



ency Name		
& Lectures		
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to ic	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:
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		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
<u> </u>		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
Radio Bronco 414 E Cota St, Santa Barbara, 93101	10	Public Service
San Marcos High School 4750 Hollister Ave, Santa Barbara, 93110	30	Public Service
Santa Barbara High School 700 E Anapamu St, Santa Barbara, 93101	22	Public Service

Public Service

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Arts & Lectures Division, Department, or Region (if applicable)		Date Stamp California 80
Division, Department, or Region (if applicable)		
3 (applicable)		Form OU
University of California		
Designated Agency Contact (Name, Title)		
Rachel Legie, Ticket Affice P Area Code/Phone Number [E-mail	Manacjer	Amendment (Must Provide Explanation in Part 3.)
805-893-3458 rachel·leslie@ar	tsandlecture	Date of Original Filing:
Function or Event Information		
Does the agency have a ticket policy? Yes	S⊠ No□	Face Value of Each Ticket/Pass \$ 49.00
Event Description: Lila Downs		Date(s) 9 / 27 / 17
Provide Title/ Expl Ticket(s)/Pass(es) provided by agency? Yes	lanation	
		If no:
Was ticket distribution made at the behest Yes of agency official?	⊠ No □	Official's Name (Last, First)
Recipients • Use Section A to identify the agency's department or unit.		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 Semillas de Mi Tierra	20	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:
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
Santa Barbara Unified School District 720 Santa Barbara St, Santa Barbara, 93101	2	Public Service
United Boys & Girls Club of Santa Barbara PO Box 1485, Santa Barbara, CA	11	Public Service
/erification		
have read and understand FPPC Regulations 18944. vith the requirements.	.1 and 18942. I	nave verified that the distribution set forth above, is in accordance



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Income e below:
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Incom
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