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

A Public Document

1. Agency Name	Date Stamp	California Form **802**
University of California, Irvine		For Official Use Only
Division, Department, or Region *(If Applicable)*		
Claire Trevor School of the Arts		
Designated Agency Contact *(Name, Title)*		
Catherine Reynolds, Conflict of Interest Coordinator	☐ **Amendment** *(Must provide explanation in Part 3.)*	
Area Code/Phone Number (949) 824-8713 / **E-mail** cdreynol@uci.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 $ 100

Event Description Tribute to professor Donald McKayle
Provide Title/Explanation

Date(s) 03 / 08 / 12 03 / 08 / 12

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Dean Joseph S Lewis, III
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Claire Trevor School of the Arts	3	Employee morale / team building

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

[redacted] and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Joseph S Lewis, III — *Print Name*

Dean - CTSA — *Title*

9/6/13 — *(Month, Day, Year)*

Comment: _____