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

**A Public Document**

## 1. Agency Name

University of California, Davis

**Division, Department, or Region** *(If Applicable)*

Robert and Margrit Mondavi Center for the Performing Arts

**Designated Agency Contact** *(Name, Title)*

Sarah Herrera

| Area Code/Phone Number | E-mail |
|---|---|
| 530-754-4435 | smherrera@ucdavis.edu |

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

**Date of Original Filing:** 2/24/2015 *(Month, Day, Year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 152.00

Event Description Itzhak Perlman *Provide Title/Explanation*

Date(s) 1 / 17 / 15 1 / 17 / 15

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: Roth, Don, Executive Director *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 |
|---|---|---|
| Mondavi Center Staff | 3 | Recognize UC employees for their work |
| | | |

| **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

(d)(5) [redacted] ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| [redacted] | Don Roth | Executive Director | 2/24/2015 |
|---|---|---|---|
| | *Print Name* | *Title* | *(Month, Day, Year)* |

Comment: Up to 2 tickets per employee