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

1. **Agency Name**
   University of California San Diego

   **Division, Department, or Region (if applicable)**
   Conflict of Interest

   **Designated Agency Contact (Name, Title)**
   Jennifer J Ford

   **Area Code/Phone Number**
   858-534-3335

   **E-mail**
   jjford@ucsd.edu

   **Date of Original Filing**
   (month, day, year)

2. **Function or Event Information**

   **Does the agency have a ticket policy?**
   Yes [X] No [ ]

   **Face Value of Each Ticket/Pass**
   $27.99

   **Event Description**: All Resident Meeting

   **Date(s)**
   05 / 10 / 19

   **Ticket(s)/Pass(es) provided by agency?**
   Yes [X] No [ ]

   **Was ticket distribution made at the behest of agency official?**
   Yes [X] No [ ]

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**

   **B. Name of Individual (Last, First)**
   **Number of Ticket(s)/Passes**
   **Identify one of the following:**

   - Ceremonial Role [ ] Other [X]
   - 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**

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.*

   **Signature of Agency Head or Designee**
   Jennifer J. Ford

   **Print Name**
   COI Director

   **Title**
   9/13/2019

   **(month, day, year)**

   **Comment:**
Participant List: Who were the participants of this event? Please include title and affiliation.