

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

A Public Document

## 1. Agency Name

CSU Channel Islands

Division, Department, or Region (if applicable)

University Advancement

Designated Agency Contact (Name, Title)

Richard LeRoy, Vice President of University Advancement

Area Code/Phone Number

(805) 437-1662

E-mail

richard.leroy@csuci.edu

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 175.00

Event Description: Westmont President's Dinner 2025

Date(s) 02/28/2025

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: \_\_\_\_\_  
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
University Advancement	2	Strengthening alumni and private support for CSU.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
LeRoy, Richard	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Represent CSUCI in the community
Yao, Richard	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Represent CSUCI in the community
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

Bradley Olin

Print Name

VP for Business and Financial A

Title

01/21/2025

(month, day, year)

Comment: \_\_\_\_\_

Print

Clear