

Agency Report of:**Ceremonial Role Events and Ticket/Pass Distributions****A Public Document****1. Agency Name**

Date Stamp

**California
Form 802**

For Official Use Only

East Bay Community Energy

Division, Department, or Region (if applicable)

Marketing & Account Services

Designated Agency Contact (Name, Title)

Juan Cortez, Outreach & Customer Care Coordinator

Area Code/Phone Number

5102908281

E-mail

jcortez@ebce.org

 Amendment (Must Provide Explanation in Part 3.)Date of Original Filing: 5/9/23
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____Event Description: Oakland Roots Home Game Date(s) 4 / 15 / 23
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes No If no: Oakland Roots SC
Name of SourceWas ticket distribution made at the behest of agency official? Yes No If yes: Juan Cortez
Official's Name (Last, First)**3. Recipients**

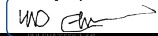
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Cortez, Juan	8	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Entertainment
Allen, Doug	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Entertainment
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.

DocuSigned by:



Nick Chaset

CEO

5/9/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print**Clear**