

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

East Bay Community Energy

**Division, Department, or Region** (if applicable)

Marketing and Account Services

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

Juan Cortez

**Area Code/Phone Number**

5102908281

**E-mail**

jcortez@ebce.org

Date Stamp

**California Form 802**

For Official Use Only

 **Amendment** (Must Provide Explanation in Part 3.)**Date of Original Filing:** 7/5/23  
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 25Event Description: Oakland Roots Soccer Game Date(s) 6 / 28 / 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: Cortez, Juan  
Official's Name (Last, First)**3. Recipients**

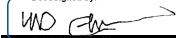
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Marketing & Account Services	2	Entertainment
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

7/11/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

**Print****Clear**