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

A Public Document

California Form 802
For Official Use Only

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	**E-mail**
5102908281	jcortez@ebce.org

Date Stamp

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 7/5/23
(month, day, year)

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ _____ 35

Event Description: Bill Pickett Rodeo
Provide Title/ Explanation

Date(s) __7__/__8__/__23__   _____/_____/_____

Ticket(s)/Pass(es) provided by agency?   Yes ☐   No ■

If no: Bill Pickett Rodeo
Name of Source

Was ticket distribution made at the behest of agency official?   Yes ■   No ☐

If yes: Cortez, Juan
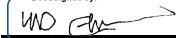*Official's Name (Last, First)*

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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**
Public Policy	6	Entertainment

B. **Name of Individual** *(Last, First)*	**Number of Ticket(s)/ Passes**	**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)/ Passes**	**Describe the public purpose made pursuant to the agency's policy**

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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: [signature]	Nick Chaset	CEO	7/11/2023
Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*

Comment: _____

Print   Clear