

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

Date Stamp

**California
Form 802**

Marin Clean Energy (MCE)

Division, Department, or Region (if applicable)

For Official Use Only

Designated Agency Contact (Name, Title)

Troy Nordquist, Legal Operations Specialist

 Amendment (Must Provide Explanation in Part 3.)

Area Code/Phone Number

E-mail

(925) 378-6767

compliance@mcecleanenergy.org

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 \$ _____ 40Event Description: Larkspur Chamber-Annual Wine Stroll Date(s) 9 / 10 / 22 _____ / _____ / _____
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes No If no: Larkspur Chamber of Commerce
Name of SourceWas 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
MCE - Public Affairs Department	2	For the purpose of networking with other community leaders
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:

Dawn Weisz

Dawn Weisz

CEO

12/6/2022

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____

Print**Clear**