

**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

Marin Clean Energy (MCE)

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Troy Nordquist, Legal Operations Specialist

Area Code/Phone Number

(925) 378-6767

E-mail

compliance@mcecleanenergy.org

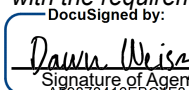
 Amendment (Must Provide Explanation in Part 3.)Date of Original Filing: \_\_\_\_\_  
(month, day, year)**2. Function or Event Information**Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200Event Description: CalCCA Gala \_\_\_\_\_ Date(s) 09 / 24 / 2022 \_\_\_\_\_  
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes  No  If no: California Community Choice Association  
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
Public Affairs Department	4	For the purpose of networking with other community leaders
Strategic Initiatives Department	1	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 \_\_\_\_\_ CEO \_\_\_\_\_ 12/6/2022  
 Signature of Agency Head or Designee \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

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

**Print****Clear**