

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			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title)			
Troy Nordquist, Compliance and Grants Manager			
Area Code/Phone Number	E-mail		
(925) 378-6767	tnordquist@mcecleanenergy.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 150

Event Description: Flights to CalCCA Annual Conference Date(s) 5 / 17 / 23 5 / 20 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: East Bay Innovation Awards
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Bond, Martin
Official's Name (Last, First)

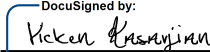
3. Recipients

• 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:
Ewert, Brandon	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Networking with other community leaders
Krebs, Paul	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Networking with other community leaders
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:

 Signature of Agency Head or Designee Vicken Kasarjian COO 7/18/2023
Print Name Title (month, day, year)

Comment: _____

Print**Clear**