

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

Marin Clean Energy

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Troy Nordquist, Compliance and Grants Manager

Area Code/Phone Number

(925) 378-6767

E-mail

tnordquist@mcecleanenergy.org

Date Stamp

**California  
Form 802**

For Official Use Only

 **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 \$ \_\_\_\_\_ 500Event Description: 2023 Taste of San Rafael Date(s) 5 / 10 / 23

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: San Rafael Chamber

Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Ackemann, JB

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:
Ackemann, JB	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promote business activity that furthers MCE's purposes
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

**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

8/16/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

**Print****Clear**