

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

1. Agency Name Marin Clean Energy		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Troy Nordquist, Compliance and Grants Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number (925) 378-6767	E-mail tnordquist@mcecleanenergy.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 700

Event Description: CivicWell Policymakers Conference Date(s) 3 / 14 / 24 3 / 17 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: CivicWell
Name of Source

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

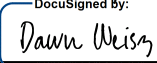
3. Recipients

• 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:
Quinto, Gabriel	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Networking with other community leaders
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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 1/5/2024
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print**Clear**