

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

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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 \$ _____ 150Event Description: Equity for Black Women and Girls Initiative Date(s) 3 / 1 / 24 _____ / _____ / _____
*Provide Title/Explanation*Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
*Name of Source*Was ticket distribution made at the behest of agency official? Yes No If yes: Donato, Kiara
*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: |
| Brown, Tyla | 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 |
| Massey, Joy | 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 |
| 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 |
| | | |
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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: <u>Dawn Weisz</u> Signature of Agency Head or Designee | Dawn Weisz Print Name | CEO Title | 4/24/2024 (month, day, year) |
|---|--------------------------|--------------|---------------------------------|

Comment: _____

Print**Clear**