

**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 \$ \_\_\_\_\_ 80Event Description: Solano County Farm Bureau Dinner Date(s) 1 / 27 / 24 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Provide Title/Explanation*Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Solano County Farm Bureau  
*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:
Bond, Martin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promote special events to which MCE is a party
Jackson, Darlene	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promote special events to which MCE is a party
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: <u>Dawn Weisz</u> Signature of Agency Head or Designee	<u>Dawn Weisz</u> Print Name	<u>Chief Executive Officer</u> Title	<u>4/24/2024</u> (month, day, year)
---	---------------------------------	---	--

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

**Print****Clear**