

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Marin Clean Energy			For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Troy Nordquist, Compliance and Grants Manager		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
(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 \$ \_\_\_\_\_ 15

Event Description: Maker Faire Bay Area Date(s) 10 / 18 / 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: Herrick, Mariela  
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:
Palmares, Charles	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promote accessible government via participation/availab
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Signed by: Dawn Weisz Dawn Weisz CEO 11/26/2024  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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