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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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	E-mail
(925) 378-6767	tnordquist@mcecleanenergy.org

☐ **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 $ 75

Event Description: Monument Crisis Center Taps and Tac *Provide Title/ Explanation*

Date(s) 06/07/25 _____/_____/_____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Monument Crisis Center *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ■ No ☐

If yes: Conn, Sebastian *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:
Tenney, Jenna	2	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Networking with other community leaders
Wehrley, Laura	1	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* 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

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: Vicken Kasarjian — Signature of Agency Head or Designee

Vicken Kasarjian — Print Name

COO — Title

5/27/2026 *(month, day, year)*

Comment: _____

Print Clear