

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 \$ 395

Event Description: CEDMC Fall Conference Date(s) 11 / 12 / 25 11 / 13 / 25

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: California Efficiency + Demand Management Cour

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:
Valenti, Alex	1	Ceremonial Role ☐ Other ☒ Income ☐ If checking "Ceremonial Role" or "Other" describe below: Promote business activity that furthers MCE's purposes
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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 Vicken Kasarjian Acting CEO, and COO 7/15/2026
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear