

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Energy Commission

Division, Department, or Region (if applicable)

Small Office - Chairs Office

Street Address

1516 9th Street

Area Code/Phone Number

95814

Email

grant.mack@energy.ca.gov

Agency Contact (name and title)

Grant Mack

Date Stamp

California Form 801 For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Energy Foundation

Name

301 Battery Street 5th Floor

San Francisco

CA

94111

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name

\$

Amount

Name

\$

Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Beijing, Guangzhou, Shenzhen, HK - China

Location of Travel

08-01-2015 to 08-09-2015

Dates (month, day, year)

Multiple

Transportation Provider

Rail

Air

Bus

Auto

Other

Multiple

Name of Lodging Facility

\$ 2,000.00

Lodging Expenses

\$ 1,000.00

Meal Expenses

\$ 7,000.00

Transportation Expenses

\$

Other Expenses

\$ 10,000.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

\$

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Payment is used to cover all travel related expenses for this trip,. The purpose of this trip is to continue California's active cooperation with China to address climate change by exchanging best practices to reduce greenhouse gas emissions and encourage clean technology deployment.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Weisenmiller

Robert

Chair

Commissioner Office

Last Name

First Name

Position/Title

Department/Division

Mack

Grant

Advisor to Chair

Commissioner Office

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Print Name

Title

7-28-15 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)