

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
California Energy Commission
Division, Department, or Region (if applicable)
Small Offices / Commissioners Office
Street Address
1516 9th Street
Area Code/Phone Number
(916) 651-6176
Email
kevin.barker@energy.ca.gov
Agency Contact (name and title)
Kevin Barker, Chief of Staff to Chair Robert B. Weisenmiller
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 or Other Gridworks
Last Name First Name
426 17th Street, Suite 700 Oakland CA 94612
Address City State Zip Code

Gridworks' mission is to convene, educate and empower stakeholders working to decarbonize electricity grids.

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:

William and Flora Hewlett Foundation \$ 777.67
Name Amount Name Amount

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

3.1 (a) Travel Payment
Portland, OR Location of Travel
February 5-6, 2018 Dates (month, day, year)
Alaska Airlines Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Kimpton Hotel Monaco Portland Name of Lodging Facility
\$ 183.33 \$ 0.00 \$ 594.34 \$ 0.00 \$ 777.67
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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.

Kevin Barker has been asked to speak at the Sharing Power Workshop on a 2-day panel to give his perspectives on the California Electrical System, Transmission and Market Operations in California, and to discuss seams issues and coordination between CAISO and other balancing authorities.

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

Barker Kevin Chief of Staff Small Offices/Commissioner
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.

Courtney Smith Chief Deputy Director 2/14/18
Signature Print Name Title (month, day, year)

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