

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, Chair Weisenmiller

Street Address

1516 9th Street

Area Code/Phone Number

(916) 651-9943

Email

michael.murza@energy.ca.gov

Agency Contact (name and title)

Michael Murza

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/Other Zpryme
Last Name First Name Name
100 Congress Ave., #2000 Austin TX 78701
Address City State Zip Code

Zpryme is a research, media, and events agency with a focus on energy.

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
Austin, TX Location of Travel
03/27/2017 - 03/29/2017 Dates (month, day, year)
Southwest Airlines Transportation Provider
Rail Air Bus Auto Other
InterContinental StephenAustin Name of Lodging Facility
\$518.00 Lodging Expenses \$30.00 Meal Expenses \$381.88 Transportation Expenses \$0.00 Other Expenses \$929.88 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.

Chair Weisenmiller has been asked to speak at the Energy Thought Summit 2017 on a panel to give his perspectives on the vision for California's energy system, to discuss some of the upcoming barriers and opportunities, and to identify where other states can learn from California's successes.

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

Weisenmiller Robert Chair 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.

Signature: Drew Bohan Executive Director
10/27/17 (month, day, year)

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