California Energy Commission  Division, Department, or Region (if applicable)  Commissioner Scott's Office  Street Address  1516 Ninth Street, Sacramento, CA 95814  Area Code/Phone Number   Email   monica.shelley@energy.ca.gov  Agency Contact (name and title)   monica Shelley - Administrative Assistant  2. Donor Name and Address  Individual   Last Name   First Name   Tirst Name   Tother   California Lawyers Association    Address   City   State   Zip Code    See attached   If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.  Name   Amount   Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount    Name   Amount   Name   Amount	CY REPOR	
Division, Department, or Region (if applicable)  Commissioner Scott's Office  Street Address  1516 Ninth Street, Sacramento, CA 95814  Area Code/Phone Number   Email   monica.shelley@energy.ca.gov  Agency Contact (name and title)   monica Shelley - Administrative Assistant  2. Donor Name and Address  Individual   Last Name   First Name   Iso Other   California Lawyers Association    Address   City   State   Zip Code    See attached   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   Name   Amount	California 801	
Street Address  1516 Ninth Street, Sacramento, CA 95814  Area Code/Phone Number 916-654-4930	e Only	
1516 Ninth Street, Sacramento, CA 95814		
Area Code/Phone Number 916-654-4930   monica.shelley@energy.ca.gov   Agency Contact (name and title)   monica.shelley@energy.ca.gov   Date of Original Filling:   (month, day, year)    2. Donor Name and Address   Other   California Lawyers Association   Name   180 Howard Street, Suite 410   San Francisco   CA   94105   Address   City   State   Zip Code    See attached   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   Name   Amount   Name   Amount    3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)   3.1 (a) Travel Payment   Fish Camp, CA   Location of Travel   Dates (month, day, year)    Transportation Provider   Rail   Air   Bus   Auto   Other   Tenaya Lodge at Yoser   Name of Lodging Facility    Section   Sec		
### Amount Information (Complete Sections 3.1 (a or b), 3.2, 3.3)  3.1 (a) Travel Payment    Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)   Transportation Provider   Rail   Air   Bus   Auto   Other   Tenaya Lodge at Yosel   Name of Lodging Expenses   Sab.00   Sab.		
Monica Shelley@energy.ca.gov   Agency Contact (name and title)   Monica Shelley - Administrative Assistant   Date of Original Filing:   (month, day, year)		
Monica Shelley - Administrative Assistant  2. Donor Name and Address  Individual  Last Name 180 Howard Street, Suite 410  San Francisco  City State  Zip Code  See attached  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  Name  Cotober 19-21, 2018  Dates (month, day, year)  Name  October 19-21, 2018  Dates (month, day, year)  Transportation Provider  San Francisco  CA 94105  State  Zip Code  See attached  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  San Francisco  CA 94105  State  Zip Code  San Francisco  San Francisco  CA 94105  State  Zip Code  Sate  Zip Code  San Francisco  CA 94105  State  Zip Code  Sate  Zip Code  Sate  Check Applicable Boxes  Name of Lodging Facility  San Francisco  San Francisco  Calistrical Expenses  San October 19-21, 2018  Dates (month, day, year)  Total Expenses  3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use		
2. Donor Name and Address  Individual Last Name 180 Howard Street, Suite 410 San Francisco CA  See attached  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 S—Amount Name Name Name Name Name Name Name Name	_	
Individual   Last Name   First Name   San Francisco   CA   94105		
Last Name   San Francisco   CA   94105   Address   City   State   Zip Code    See attached   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   San Francisco   CA   94105		
180 Howard Street, Suite 410  San Francisco  CA  94105  Address  See attached  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  Name  Amount  Name  3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment  Fish Camp, CA  Location of Travel  Dates (month, day, year)  Tenaya Lodge at Yoser  Name of Lodging Facilit  Sanction of 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		
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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		
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)  3.1 (a) Travel Payment    Fish Camp, CA   Dates (month, day, year)		
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Cocation of Travel   Dates (month, day, year		
Transportation Provider    Rail	r)	
Transportation Provider  Check Applicable Boxes  Second Se		
\$\frac{246.60}{\text{Lodging Expenses}} \frac{\\$88.00}{\text{Meal Expenses}} \frac{\\$39.73}{\text{Transportation Expenses}} \frac{\\$8.00}{\text{Other Expenses}} \frac{\\$382.33}{\text{Total Expenses}} \frac{382.33}{\text{Total Expenses}} \frac{382.33}{Total Expense		
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3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	2	
Scott Janea Commissioner CA Energy Commis		
Last Name First Name Position/Title Department/Division	on	
Last Name First Name Position/Title Department/Division	ion	
4. Verification  I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.  Signature  Print Name  Comment:  (Use this space or an attachment for any additional information)	4/kg day, year)	

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## Attachment to Form 801 Environmental Law Conference Yosemite, CA October 19-21, 2018

## Section 2: Describe the entity's business activity or its nature and interests.

The California Lawyers Association (CLA), established in 2018, is a nonprofit, voluntary organization and the new home of the Sections of the State Bar of California and the California Young Lawyers Association. It is a member-driven, mission-focused organization dedicated to the professional advancement of attorneys practicing in the state of California. The CLA is committed to fostering excellence and fellowship throughout the state's legal community.

## Section 3.2: Specific description of the payment and its agency purpose and use.

Janea A. Scott, a Commissioner at the California Energy Commission, will attend the Environmental Law Conference at Yosemite on October 19-21, 2018. This conference is nationally recognized as the largest and most prestigious gathering in California of leaders in environmental, land use, and natural resources law. The Commissioner will also speak on a panel entitled "Our Electric Future", where the state's greenhouse gas reduction goals will be discussed, as well as the initiatives afoot to move California towards an electric future supplied by renewable and greenhouse gas-free sources.

This meeting will provide a valuable opportunity for Commissioner Scott, as a California energy leader, to collaborate with others including top environmental officials, lawyers, and other professionals.