

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/Commissioner Karen Douglas

Street Address

1516 Ninth Street, MS 31, Sacramento, CA 95814

Area Code/Phone Number

916.654.4001

Email

ollie.awolowo@energy.ca.gov

Agency Contact (name and title)

Ollie Awolowo

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

MANATT, PHELPS & PHILLIPS, LLP

Name

11355 W. Olympic Blvd

Los Angeles,

CA

90064

Address

City

State

Zip Code

Law firm

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

Davis, CA to Sausalito, CA

Location of Travel

5/31/2018 - 6/1/2018

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Cavallo Point

Name of Lodging Facility

\$ 482.22

Lodging Expenses

\$

Meal Expenses

\$

Transportation Expenses

\$

Other Expenses

\$ 482.22

Total Expenses

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

N/A

Dates (month, day, year)

\$ 0.00

Total Expenses

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

Commissioner Karen Douglas was a speaker at the Manatt Energy Forum 2018--A Time of Conflict: Battleground Over Clean and Safe Energy. It was a robust roundtable dialogue with policymakers and industry thought leaders on the future of energy in California.

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

Douglas

Karen

Commissioner

CEC/Small Offices

Last Name

First Name

Position/Title

Department/Division

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

Courtney Smith

Print Name

Chief Deputy Director

Title

5/14/18 (month, day, year)

Comment:

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