

Payment to Agency Re	port A Public	Document		PAYMENT TO AGE	ENCY REPOR
1. Agency Name			Date Stamp	California	901
California Energy Commission				Form	OUI
Division, Department, or Regi	on (if applicable)			For Official	Use Only
Small Offices					
Street Address					
1516 9th Street					
Area Code/Phone Number	Email				
916-654-3787	donna.parrow@energy.ca.gov		Amendment (explain in comment section)		
Agency Contact (name and title)	- community of the second of t		Date of Original F	Filing:	
Donna Parrow				(month, day, ye	ar)
2004-0031-12004-0031-51 - 34-004-0051-00-004					
2. Donor Name and Addres	SS				
☐ Individual		Ø Other	Energy Founda		
Last Name	First Name			Name	
301 Battery Street, 5th Floor	r San Francis	sco		CA 94111 ate Zip Code	
	- 1942 • V			500 • Scotter	
1000.50	profit. Its mission is to promote the		sustainable ene	rgy.	
If "Other" is marked, describe the entity's	business activity (if business) or its nature and	d interests.			
If applicable, id	dentify the name of each source and	the amount(s) re	eceived by the don	nor for this payment:	
	energy · contract and a more amount of a management of the contract of the con				
Name	\$		Name	\$	mount
Bayment Information (C.	omplete Sections 3.1 (a or b	2) 2 2 2 3)			
		), 3.2, 3.3)	^	pril 24 25 2019	
3.1 (a) Travel Payment	La Jolla, CA		_ ^	pril 24-25, 2018  Dates (month, day, y	,00s/
Southwest Airlines	Location of maver				1782
Transportation Provider		]Bus □Auto	o □ Other <u>S</u>	heraton La Jolla Ho  Name of Lodging Fac	
at Nation Section at Section	Check Applicable		0.00		Cility
\$	\$ 355.00	5	0.00	\$ 543.00	
	Meal Expenses Transportation	Expenses	Other Expenses	Total Expens	ses
3.1 (b) Payment(s) not rela	ated to travel:	D-4 / /	<u> </u>	Total Expenses	
		Dates (month, d	(5/195) (5		
3.2. Payment Description.	Provide a specific description	n of the payme	ent and its agen	icy purpose and us	se.
See attached.					
3.3 Identify the officials w	ho used the payment in Section	on 3.1 (See instru	ctions)		
THE STATE OF THE S	AND ASSESSMENT OF THE PROPERTY			C!! Office-	
Early	Bryan		or on Mexico	Small Offices	
Last Name	First Name	Posi	tion/Title	Department/Div	vision
Last Name	First Name	Pos	ition/Title	Department/Div	vision
l. Verification					
I authorized the acceptance	of the reported payment(s) as in	compliance wi	th FPPC regulat	ions.	1.1.
Kull	Courtney Smith	Chief	Deputy Director	5/	8/18
Signature	Print Name		Title	(mont	h, day, year)
Comment:	as any additional information				
(Use this space or an attachment for	n any additional information)			EDDC Form	904 / Jani4

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California Form 801 Payment to Agency Report

Advisor Early La Jolla, California April 24-25, 2018

## Attachment, Section 3.2

Advisor Early was recently named Lead Advisor to Chair Weisenmiller on California-Mexico Issues. He plans to take this opportunity to discuss the energy sector in the State of Jalisco as well as obtain an outlook and insight into opportunities in the sector. His participation is required as an ongoing effort to enhance cooperation between CA and Jalisco on Clean Energy Policies and Programs pursuant to the 2016 MOU between the California Energy Commission and Mexico.