Payment to Agency F						1.6
I. Agency Name			7	Date Stamp	· · · · ·	California Form 8
California Energy Commission Division, Department, or Region (if applicable)						For Official Use O
Executive Office	Gion (il applicable)					
Street Address						
1516 9th Street, Sacramer	nto, CA 95814					
Area Code/Phone Number	Email				33.7	
916-654-4996	courtney.smith@	energy.ca.gov		Amendment (	explain in co	omment section)
Agency Contact (name and title	)		Da	ate of Original F	iling:	Provide Alex of any second
Victoria Sandoval-Moreno, Executive Assistant			4.00	the second second		(month, day, year)
. Donor Name and Addr	ess					
🗆 Individual			Other	CEEB (CA Co	uncil for	Environmental.
Last Name		Name			Nam	
101 Mission Street, Suite	1440	San Francisco		C.		94105
Address		City		Sta		Zip Code
Advancing policies that im If "Other" is marked, describe the entite If applicable, Name	• and the second second second second second	ess) or its nature and intere	ests.			
If "Other" is marked, describe the entite	y's business activity (if busin identify the name of e \$	ach source and the a	<sup>ests.</sup> amount(s) recei	ved by the don		payment: \$
If "Other" is marked, describe the entite	identify the name of e <b>Complete Section</b> Olympic Valle	ach source and the a Amount	<sup>ests.</sup> amount(s) recei	ved by the done	or for this	payment: \$
If "Other" is marked, describe the entite If applicable, Name 8. Payment Information (	identify the name of e <b>Complete Section</b> Olympic Valle	ach source and the a Amount	<sup>ests.</sup> amount(s) recei	ved by the dom Name Ju	or for this Ily 22-23 Date	payment: \$ Amount , 2019 s (month, day, year)
If "Other" is marked, describe the entite If applicable, Name 3. Payment Information (1 3.1 (a) Travel Payment	identify the name of e <b>Complete Section</b> Olympic Valle	Amount Amount CA Amount CA Amount CA Amount CA Amount CA Amount CA Amount CA Air Bus	ests. amount(s) recei .2, 3.3) a □ Auto	ved by the dom Name Ju	or for this Ily 22-23 Date	s (month, day, year) t at Squaw Cre
If "Other" is marked, describe the entite If applicable, Name R. Payment Information (1 3.1 (a) Travel Payment Transportation Provider	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle	ess) or its nature and interval ach source and the a <u>Amount</u> ns 3.1 (a or b), 3. y, CA	ests. amount(s) recei .2, 3.3) a □ Auto	ved by the don	or for this Ily 22-23 Date	5, 2019 s (month, day, year) rt at Squaw Cre e of Lodging Facility
If "Other" is marked, describe the entite If applicable, Name 3. Payment Information (1 3.1 (a) Travel Payment	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle	Amount Amount CA Amount CA Amount CA Amount CA Amount CA Amount CA Amount CA Air Bus	ests. amount(s) recei .2, 3.3) 	ved by the don	or for this Ily 22-23 Date	, payment: \$
If "Other" is marked, describe the entite If applicable, Name Payment Information (1 3.1 (a) Travel Payment Transportation Provider \$260.00 \$	y's business activity (if busin identify the name of e \$ Complete Section Olympic Valle  Bail \$59.00 Meal Expenses	ess) or its nature and interv ach source and the a Amount ns 3.1 (a or b), 3. y, CA Location of Travel Air Bus Check Applicable Boxe	ests. amount(s) recei .2, 3.3) 	ved by the dom Name 	or for this Ily 22-23 Date	5, 2019 s (month, day, year) rt at Squaw Cre e of Lodging Facility
If "Other" is marked, describe the entite If applicable, Name 5. Payment Information ( 3.1 (a) Travel Payment Transportation Provider \$ 260.00	y's business activity (if busin identify the name of e \$ Complete Section Olympic Valle  Bail \$59.00 Meal Expenses	ess) or its nature and interv ach source and the a Amount ns 3.1 (a or b), 3. y, CA 	ests. amount(s) recei .2, 3.3) 	ved by the dom Name Ju Other Th ther Expenses	or for this Ily 22-23 Date	, payment: \$
If "Other" is marked, describe the entite If applicable, Name Payment Information (1 3.1 (a) Travel Payment Transportation Provider \$260.00 \$	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle 0 Bail \$ ☐ Rail \$ Meal Expenses elated to travel:	ess) or its nature and interv ach source and the a Amount ns 3.1 (a or b), 3. y, CA Cocation of Travel Air Bus Check Applicable Boxe Transportation Expen	ests. amount(s) recei .2, 3.3) 	ved by the dom Name Ju U Other Th ther Expenses	or for this uly 22-23 Date ne Resou Nam	s payment: \$Amount a, 2019 s (month, day, year) rt at Squaw Cre e of Lodging Facility 319.00 Total Expenses Total Expenses
If "Other" is marked, describe the entite If applicable, Name Payment Information (1 3.1 (a) Travel Payment Transportation Provider \$260.00 Lodging Expenses 3.1 (b) Payment(s) not real	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle; I Bail \$ ☐ Rail \$ Meal Expenses elated to travel: n. Provide a specif was provided (sa	ess) or its nature and interv ach source and the a Amount ns 3.1 (a or b), 3. y, CA .ocation of Travel Air Bus Check Applicable Boxe Transportation Expen fic description of the me rate for all a	ests. amount(s) recei .2, 3.3) 	ved by the don Name Ju ✓ Other ther Expenses rear) \$ and its agen y CCEEB to	or for this uly 22-23 Date ne Resol Nam \$ cy purp o atten	Amount Amount
If "Other" is marked, describe the entite If applicable, Name Payment Information (f 3.1 (a) Travel Payment Transportation Provider \$260.00	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle 0lympic Valle Rail \$_59.00 \$ ☐ Rail \$_59.00 Meal Expenses elated to travel: n. Provide a specif was provided (sa leliver a speech of	ess) or its nature and intere ach source and the a Amount	ests. amount(s) recei .2, 3.3) 	ved by the don Name Ju ✓ Other ther Expenses (rear) \$ and its agen y CCEEB to ial represer	or for this uly 22-23 Date ne Resol Nam \$ cy purp o atten	Amount Amount
If "Other" is marked, describe the entite If applicable, Name Payment Information ( 3.1 (a) Travel Payment Transportation Provider \$260.00 Lodging Expenses 3.1 (b) Payment(s) not real 3.2. Payment Description Lodging and a lunch we Issues Seminar and description Commission. 3.3. Identify the officials	y's business activity (if busin identify the name of e \$	ess) or its nature and interval ach source and the a Amount ins 3.1 (a or b), 3. y, CA Cocation of Travel Air Bus Check Applicable Boxe S Transportation Expendent fic description of the me rate for all a on Electrification ment in Section 3.	ests. amount(s) recei .2, 3.3) 	ved by the dom Name Ju Ju Other Th ther Expenses rear) and its agen y CCEEB to ial represer s)	or for this aly 22-23 Date ne Resol Nam \$ cy purp o atten ntative	Amount Amount
If "Other" is marked, describe the entite If applicable, Name Payment Information ( 3.1 (a) Travel Payment Transportation Provider \$260.00 \$260.00 \$260.00 Lodging Expenses 3.1 (b) Payment(s) not real 3.2. Payment Description Lodging and a lunch we Issues Seminar and de Commission.	y's business activity (if busin identify the name of e \$\$ Complete Section Olympic Valle 0lympic Valle Rail \$_59.00 \$ ☐ Rail \$_59.00 Meal Expenses elated to travel: n. Provide a specif was provided (sa leliver a speech of	ess) or its nature and intere ach source and the a Amount	ests. amount(s) recei .2, 3.3) 	ved by the donu- Name Ju	or for this aly 22-23 Date ne Resol Nam \$ cy purp o atten ntative	Amount Amount

11	Drew Bohan	Executive Director	81519
Signature	Print Name	Title	(month, day, year)
Comment:			

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