

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Energy Commission		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Executive Office			
Street Address 1516 9th Street, Sacramento, CA 95814			
Area Code/Phone Number 916-654-4996	Email courtney.smith@energy.ca.gov		
Agency Contact (name and title) Victoria Sandoval-Moreno, Executive Assistant		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other CCEEB (CA Council for Environmental...)

Last Name: _____ First Name: _____ Name: _____
 101 Mission Street, Suite 1440 San Francisco CA 94105
 Address City State Zip Code

Advancing policies that improve environment, protect public health, & maintain strong economy/competitive businesses.
 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 Olympic Valley, CA July 22-23, 2019

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other The Resort at Squaw Creek
 Check Applicable Boxes Name of Lodging Facility

\$ <u>260.00</u>	\$ <u>59.00</u>	\$ _____	\$ _____	\$ <u>319.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	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.
 Lodging and a lunch was provided (same rate for all attendees) by CCEEB to attend the Summer Issues Seminar and deliver a speech on Electrification as an official representative of the Energy Commission.

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

<u>Smith</u>	<u>Courtney</u>	<u>Chief Deputy Director</u>	<u>Energy Commission</u>
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.

Drew Bohan Executive Director 8/15/19
 Signature Print Name Title (month, day, year)

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

