

Payment to Agency Report

A Public Document

1320/1321

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) Small Offices			
Street Address 1516 9th Street			
Area Code/Phone Number 916-653-5721	Email alana.sanchez@energy.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Alana Sanchez			

2. Donor Name and Address

Individual _____ Other Environmental Defense Fund (EDF)

Last Name: _____ First Name: _____ Name: _____
 1107 9th Street, ste. 1070 Sacramento CA 95814
 Address City State Zip Code

EDF is a nonprofit, environmental organization that works to address today's most urgent environmental challenges.
 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 Mexico City Location of Travel October 1-4, 2019 Dates (month, day, year)

United Airlines Transportation Provider Rail Air Bus Auto Other Various Name of Lodging Facility
 Check Applicable Boxes

\$ <u>500.00</u>	\$ <u>0.00</u>	\$ <u>1,500.00</u>	\$ <u>0.00</u>	\$ <u>2,000.00</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.
 The Environmental Defense Fund will contribute up to \$2000 to support the mission to Mexico City. They will provide reimbursement for travel and lodging costs up to the \$2000 limit.

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

<u>McAllister</u> Last Name	<u>J. Andrew</u> First Name	<u>Chair</u> Position/Title	<u>Small Offices</u> Department/Division
<u>Early</u> Last Name	<u>Bryan</u> First Name	<u>Lead Advisor on Mexico</u> Position/Title	<u>Small Offices</u> Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Courtney Smith Chief Deputy director 10/24/19
 Signature Print Name Title (month, day, year)

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