

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Energy Commission
Division, Department, or Region (if applicable)
Energy Assessments Division
Street Address
1516 Ninth Street, Sacramento, CA 95814
Area Code/Phone Number
916-651-1463
Email
erik.lyon@energy.ca.gov
Agency Contact (name and title)
Erik Lyon, Energy Commission Specialist I

Date Stamp

California Form 801
For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: 11/12/19
(month, day, year)

2. Donor Name and Address

Individual Other Amer. Council for an Energy-Efficient Econ.
529 14th Street N.W., Suite 600 Washington DC 20045
Address City State Zip Code

ACEEE, a 501(c)(3) non-profit, advances energy efficiency policies, programs, technologies, investments, and behaviors.

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 Sacramento, CA 11/17-20/2019
Location of Travel Dates (month, day, year)
Rail Air Bus Auto Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 11/12/19 \$ 395.00
Dates (month, day, year) Total Expenses

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

The Behavior, Energy, & Climate Change (BECC) Conference provided a fellowship for all but \$100 of the \$495 registration fee for current students & recent graduates.

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

Lyon Erik ECS I EAD
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 Print Name Title
Chief Deputy 12/3/19
(month, day, year)

Comment:

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