

728ED

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California Energy Commission			
Division, Department, or Region (if applicable) Small Offices / Commissioners Office			
Street Address 1516 9th Street			
Area Code/Phone Number (916) 651-6176	Email kevin.barker@energy.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Kevin Barker, Chief of Staff to Chair Robert B. Weisenmiller		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other The Climate Group

_____ Last Name First Name _____ Name

Riverside Bldg., County Hall, Belvedere Rd. London, SE1 7PB, United Kingdom

Address City State Zip Code

Aims to address climate change through renewable energy & greenhouse gas emissions reduction projects & campaigns

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 Essen, Germany April 23-27, 2018

Location of Travel Dates (month, day, year)

British Airways and Virgin Atlantic Rail Air Bus Auto Other Motel One Essen/Airport Lounge Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>371.47</u>	\$ <u>338.87</u>	\$ <u>1,127.35</u>	\$ <u>9.39</u>	\$ <u>1,847.08</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.


Kevin Barker has been asked to speak at the Energy Transition Plan Innovation Lab Workshop to provide inputs on California's key energy efficiency challenges and policies.

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

<u>Barker</u>	<u>Kevin</u>	<u>Chief of Staff</u>	<u>Small Offices/Commissioner</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.

 Courtney Smith Chief Deputy Director 5/8/18

Signature Print Name Title (month, day, year)

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

