

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Energy Commission
Division, Department, or Region (if applicable)
Small Offices, Commissioners Office, Chair Weisenmiller
Street Address
1516 9th Street

Date Stamp

California Form 801
For Official Use Only

Area Code/Phone Number 95814
Email kevin.barker@energy.ca.gov

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

Agency Contact (name and title)
Kevin Barker, Chief of Staff to Chair Weisenmiller

2. Donor Name and Address

Individual or Other Energy Foundation
Last Name First Name Name
301 Battery Street, 5th Floor San Francisco CA 94111
Address City State Zip Code

501 (c)(3) organization focused on advancing clean energy solutions.

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
Basel, Berlin, Oslo Location of Travel
05-07-2016 to 05-14-2016 Dates (month, day, year)
Multiple Transportation Provider Rail Air Bus Auto Other Multiple Hotels
\$ 1,000.00 \$ 600.00 \$ 3,500.00 \$ 400.00 \$ 5,500.00
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.
Payment is used to cover all travel expenses for this trip. The purpose of this trip is meet with German, Swiss, and Norwegian agencies dealing with similar carbon reduction targets as California. Most importantly is the optimization between Norway's hydro and balancing of main land Europe.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Weisenmiller Robert Chair Commissioners Office
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 (month, day, year)

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