

#104-E0

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Energy Commission		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Small Offices			
Street Address 1516 9th Street			
Area Code/Phone Number 916-654-3787	Email donna.parrow@energy.ca.gov		
Agency Contact (name and title) Donna Parrow		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Energy Foundation

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

301 Battery Street, 5th Floor San Francisco CA 94111

Address City State Zip Code

Energy Foundation is a nonprofit. Its mission is to promote the transition to sustainable energy.

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 La Jolla, CA April 24-25, 2018

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

Southwest Airlines  Rail  Air  Bus  Auto  Other Sheraton La Jolla Hotel

\_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility

\$ 188.00 \$ \_\_\_\_\_ \$ 355.00 \$ 0.00 \$ 543.00

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.  
See attached.

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

<u>Early</u>	<u>Bryan</u>	<u>Lead Advisor on Mexico</u>	<u>Small Offices</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)

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**California Form 801  
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**Advisor Early  
La Jolla, California  
April 24-25, 2018**

**Attachment, Section 3.2**

**Advisor Early was recently named Lead Advisor to Chair Weisenmiller on California-Mexico Issues. He plans to take this opportunity to discuss the energy sector in the State of Jalisco as well as obtain an outlook and insight into opportunities in the sector. His participation is required as an ongoing effort to enhance cooperation between CA and Jalisco on Clean Energy Policies and Programs pursuant to the 2016 MOU between the California Energy Commission and Mexico.**