

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) Commissioner McAllister's Office			
Street Address 1516 9th Street, 3rd Floor, MS 34, Sacramento, CA 95814			
Area Code/Phone Number (916) 654-3787	Email Donna.Parrow@energy.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Donna Parrow - Administrative Assistant			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other National Governors Association

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 444 N. Capitol Street W, Suite 267 City: Washington State: DC Zip Code: 20001

See attached

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** \_\_\_\_\_ **October 4, 2017**

Location of Travel: Denver, CO Dates (month, day, year)

Southwest & United Airlines  Rail  Air  Bus  Auto  Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 0.00	\$ 30.00	\$ 638.07	\$ _____	\$ 638.07
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.**

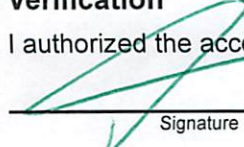
See attached

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

McAllister	Joseph Andrew	Commissioner	CA Energy Commission
_____	_____	_____	_____
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.

Signature:  \_\_\_\_\_  
 Print Name: Drew Bohan Title: Executive Director Date: 10/30/17  
 (month, day, year)

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

Attachment to Form 801  
For Andrew McAllister

National Governors Association  
*Energy Innovation Summit*  
Denver, CO  
October 4, 2017

**Section 2: Describe the entity's business activity or its nature and interests:**

The National Governors Association is a bipartisan organization of the nation's governors that promotes visionary state leadership, shares best practices, and speaks with a collective voice on national policy. The *Energy Innovation Summit* is part of NGA Chair Nevada Governor Brian Sandoval's Ahead of the Curve initiative that, in part, focuses on the energy and transportation sectors as two leading areas of innovation.

**Section 3.2: Specific description of the payment and its agency purpose and use.**

The NGA will pay expenses for Commissioner McAllister to participate on a panel at the National Governors Association (NGA) Energy Innovation Summit in Denver, Colorado on October 4. The topic is modern analytical tools to promote responsible energy policies, an area Commissioner McAllister is leading here in California.

This summit will provide ideas to state governments on how to manage the fast pace of technological development, particularly in the energy industry. The Energy Innovation Summit will provide governor's advisors insights into how technology is changing the power sector and give recommendations on how to support technological innovation, modernize policy and regulatory processes, educate citizens about benefits and risks, prepare the workforce, and protect systems from cyber threats.