

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
Street Address
1516 9th Street
Area Code/Phone Number
(916) 654-5166
Email
pamela.doughman@energy.ca.gov
Agency Contact (name and title)
Pamela Doughman, Advisor to Chair Robert B. Weisenmiller
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual
Other Board on Energy & Environmental Systems
Last Name First Name Name
500 Fifth Street, NW Washington DC 20001
Address City State Zip Code
Oversees activities & committees to provide expert advice through studies on issues in science, tech & public policy.
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Washington, DC
Location of Travel
March 11-14, 2018
Dates (month, day, year)
United Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
State Plaza Hotel
Name of Lodging Facility
\$ 506.00 \$ 158.50 \$ 771.57 \$ 42.00 \$ 1,478.07
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.
By attending at the 2018 spring meeting for the BEES, Chair Weisenmiller would be able to gather information to help ensure the Energy Commission's research and development program is informed by leading edge innovations to help achieve the state's ambitious energy and environmental goals.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Weisenmiller Robert Chair Small Offices/Commissioner
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 Courtney Smith Chief Deputy Director
Print Name Title
4/4/18
(month, day, year)

Comment:
(Use this space or an attachment for any additional information)
FPPC Form 801 (Jan/14)
advice@fppc.ca.gov