Division, Department, or Re	commission			Date Sta	amp	Califor	nia oo4
Division, Department, or Re	ommission						
	California Public Utilities Commission					Forn	
	egion (if applicable)					For Off	icial Use Only
Executive Division							
Street Address							
300 Capitol Mall, Sacrame	ento, CA 95814						
Area Code/Phone Number	Email			□ Amendm	nnt (avalaia	in commont co	ation)
(415) 703-2782	houck.exparte	e@cpuc.ca.gov		☐ Amenamo	ent (explain	in comment sed	ction)
Agency Contact (name and title Karin Sung, Chief of				Date of Origin	ıal Filing: _.	(month, da	y, year)
Donor Name and Addr	ess					.,	
☐ Individual			Other .	Northwester			
Last Name	First N		_			Name	
2020 Ridge Avenue Address		Evanston City			IL State	60208 Zip Code	
University - Education		Oity			Sidle	Zip Code	
If "Other" is marked, describe the entit		<u> </u>					
If applicable,	identify the name of ea	ch source and the am	ount(s) re	ceived by the	donor for t	this paymen	t:
	¢.					Φ.	
Payment Information (3.1 (a) Travel Payment	Chicago, IL	. ,	3.3)	Name	May 7-9		Amount
Payment Information (Chicago, IL Lo	s 3.1 (a or b), 3.2, cation of Travel Air Bus	3.3)	Name Other	Hyatt C	9, 2023 Dates (month, dentric Chic	ay, year) ago
Payment Information (3.1 (a) Travel Payment United Transportation Provider	Chicago, IL Lo	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes			Hyatt C	Dates (month, d	ay, year) ago g Facility
Payment Information (3.1 (a) Travel Payment United	Chicago, IL Lo	s 3.1 (a or b), 3.2, cation of Travel Air Bus	Auto		Hyatt C	Dates (month, dentric Chicolame of Lodging	ay, year) ago g Facility 2
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$\frac{537.70}{\text{Lodging Expenses}}\$	Chicago, IL Chicago, IL Chicago, IL Lo Rail Meal Expenses	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62	Auto	☐ Other	Hyatt C	Dates (month, dentric Chicolame of Lodging \$1,308.3	ay, year) ago g Facility 2
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$537.70	Chicago, IL Chicago, IL Chicago, IL Lo Rail Meal Expenses	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62 Transportation Expense	Auto	☐ Other Other Expenses	Hyatt C	Dates (month, dentric Chicolame of Lodging \$1,308.3	ay, year) ago g Facility 2 penses
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$\frac{537.70}{\text{Lodging Expenses}}\$	Chicago, IL Chica	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62 Transportation Expense	Auto \$_ s (month, da	Other Expenses	Hyatt C	Pates (month, dentric Chic lame of Lodging \$\frac{1,308.3}{\text{Total Expe}}\$	ay, year) ago g Facility 2 penses
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$\frac{537.70}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description Payment is a reimburs Electricity Dialogue. 3.3. Identify the officials	Chicago, IL Chicago, IL Rail Rail Meal Expenses Plated to travel: n. Provide a specific sement to the age	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62 Transportation Expense Date c description of the	Auto \$_s (month, date payme hall parti	Other Expenses Other Expenses (ay, year) Int and its ago icipation in	Hyatt C	Pates (month, dentric Chic lame of Lodging \$\frac{1,308.3}{\text{Total Expe}}\$	ay, year) ago g Facility 2 penses nses
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$\frac{537.70}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not response to the payment is a reimburs Electricity Dialogue.	Chicago, IL Chicago, IL Rail Rail Meal Expenses Plated to travel: n. Provide a specific sement to the age	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62 Transportation Expense c description of the ency for education	Auto \$_s (month, date payme hall parti	Other Expenses ay, year) nt and its agicipation in	Hyatt C	Pates (month, dentric Chic lame of Lodging \$\frac{1,308.3}{\text{Total Expe}}\$ Total Experiments and rithwesters	ay, year) ago g Facility 2 penses nses d use.
Payment Information (3.1 (a) Travel Payment United Transportation Provider \$\frac{537.70}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description Payment is a reimburs Electricity Dialogue. 3.3. Identify the officials	Chicago, IL Chicago, IL Rail Rail Meal Expenses Plated to travel: Chicago, IL Chicago, IL	s 3.1 (a or b), 3.2, cation of Travel Air Bus Check Applicable Boxes 770.62 Transportation Expense c description of the ency for education ment in Section 3.1 Con	Auto \$_ s (month, da e payme hal parti	Other Expenses ay, year) nt and its agicipation in	Hyatt C	Pates (month, dentric Chic lame of Lodging \$\frac{1,308.3}{\text{Total Expe}}\$ Total Experiments and rithwesters	ay, year) ago g Facility 2 penses nses d use.

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

Payment to Agency Report Instructions

A Public Document

California Form 801

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

Website Posting:

State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

Local Agencies

The website posting rules differ for travel and non-travel payments.

Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 1102 Q Street, Suite 3000, Sacramento, CA 95811 or faxed to (916) 322-3711.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

Part 3. Payment Information

Expenses may be rounded to whole dollars.

Section 3.1.a. Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

Section 3.3. Identify Officials

Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.