| Payment to Agency R | leport A Public | c Document | | PAYMENT TO AGENCY REPORT |
|--|---|---------------------------|-------------------------|--------------------------|
| 1. Agency Name | | | Date Stamp | California Q 0 1 |
| SOUTHERN CALIFORNIA | PUBLIC POWER AUTHORITY | • | | Form OUI |
| Division, Department, or Rec | gion (if applicable) | | | For Official Use Only |
| Street Address | | | - | |
| 1160 NICOLE COURT | | | | |
| Area Code/Phone Number | Email | | Amendment (evol | ain in comment section) |
| (626) 793-9364 | JLOPEZ@SCPPA.ORG | | _ | |
| Agency Contact (name and title) | | | Date of Original Filing | g: (month, day, year) |
| JOANNA LOPEZ, RECOR | | | | |
| | <i>;</i> 55 | | SEE ATTACHED I | LIST OF SPONSORS |
| ☐ Individual Last Name | First Name | | | Name |
| Address | City | | State | Zip Code |
| If "Other" is marked describe the entity | y's business activity (if business) or its nature | and interacte | | |
| ii Other is marked, describe the entity | s business activity (ii business) of its hature | and interests. | | |
| If applicable, | identify the name of each source ar | nd the amount(s) r | eceived by the donor f | or this payment: |
| · | \$ | | | \$ |
| Name | Amount | | Name | Amount |
| 3. Payment Information (C | Complete Sections 3.1 (a or | b), 3.2, 3.3) | | |
| 3.1 (a) Travel Payment | Location of Travel | | | Dates (month, day, year) |
| | | | | Dates (month, day, year) |
| Transportation Provider | | ☐ Bus ☐ Aut able Boxes | o 🗌 Other | Name of Lodging Facility |
| \$S | Meal Expenses \$Transportati | ion Expenses | Other Expenses | \$ Total Expenses |
| 3.1 (b) Payment(s) not re | lated to travel: | MAY 17, 2 | Ψ | Total Expenses |
| 3.2. Payment Description | n. Provide a specific descripti | • | | · |
| See attached for further | er details about the amoun | t of spansarsh | nin navments All | navments were used |
| | s for hosting the 2018 SCP | • | | payments were used |
| to many the oripotition | | | | |
| 3.3. Identify the officials | who used the payment in Sec | tion 3.1 (See instru | uctions) | |
| ALL ATTENDEES | (SEE ATTACHED LIST) | | , | |
| Last Name | First Name | Pos | ition/Title | Department/Division |
| | | | | · |
| Lost Nome | F!=-4 N1 | | IN FTM . | December of Division |
| Last Name | First Name | Pos | sition/Title | Department/Division |
| | | | | |
| | e of the reported payment(s) as | in compliance wi | ith FPPC regulations | 3 . |
| mud In II A | MICHAEL S. WEBSTER | • | CUTIVE DIRECTOR | |
| Signature | Print Name | , <u>EVE</u> | Title | (month, day, year) |
| <u>.</u> | - | | | |
| Comment: | for any additional information | | | |
| (Use this space or an attachment | ior any additional information) | | | EDDC Form 904 / Jan /49 |

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| 8minutenergy Renewables | Martin Hermann | CEO | 9165866440 | mhermann@8minutenergy.com |
| 8minutenergy Renewables | Michael Healy | Director, Origination | | mhealy@8minutenergy.com |
| Goldman Sachs | Malcolm McGregor | Investment Banking Associate | 3104075813 | malcolm.mcgregor@gs.com |
| Goldman Sachs | Harry Singh | Vice President | 2123576449 | harry.singh@gs.com |
| Holland & Hart | Ashley Wald | Partner | 3032958092 | akwald@hollandhart.com |
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| Lime Energy | Tony Coonce | Vice President | 9093351699 | tony.coonce@lime-energy.com |
| Lime Energy | Irina Olson | Regional Sales Manager | 9095831799 | irina.olson@lime-energy.com |
| Lime Energy | Adam Procell | CEO | 7042375524 | aprocell@lime-energy.com |
| Lime Energy | Alex Castro | President | 7042375524 | acastro@lime-energy.com |
| NextEra Energy Resources, LLC | Benjamin Herhold | Project Manager - Development | 4153185928 | benjamin.herhold@nee.com |
| NextEra Energy Resources, LLC | Grant Rosenblum | Executive Director - Development | 5302191232 | Grant.Rosenblum@nexteraenergy.com |
| Norton Rose Fulbright | Stephen Cole | Partner | 2138929313 | Stephen.cole@nortonrosefulbright.com |
| Ormat Technologies, Inc. | Steve Henricksen | Manager, Business Development | 7753360147 | shenricksen@ormat.com |
| Ormat Technologies, Inc. | Rahm Orenstein | VP, Business Development | | rorenstein@ormat.com |
| Ormat Technologies, Inc. | Tyler Breiner | Director, Account Management | 7175741040 | tbreiner@viridityenergy.com |
| Smart Energy Water | Brad Adamske | Senior Vice President, Sales - North America | | brad.adamske@smartenergywater.com |
| Smart Energy Water | Guy Lipa | Vice President, Strategic Initiatives | | guy.lipa@smartenergywater.com |
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|---------------------|---|--|---|
| Gena Rodriguez-West | Sr. Director of Sales | 8007775655 | grwest@amconservationgroup.com |
| Mike Berwanger | Managing Director | 2134894075 | berwangerm@pfm.com |
| Tyler Old | Director | 2134151632 | oldt@pfm.com |
| Christine Pihl | Managing Director | 2066213221 | christine.pihl@rbccm.com |
| Greg Dawley | Managing Director | 2133624126 | greg.dawley@rbccm.com |
| Robert Wong | Associate | 2129052951 | robert.wong@rbccm.com |
| Cynthia Bruno | Chief Executive Officer | 5595733544 | jkearney@rhainc.com |
| Gabriel Peredo | Director of Southern California Commercial Energy Programs | 6269565329 | gperedo@rhainc.com |
| Martha Lucey | Director, Business Development | 5595733543 | mlucey@rhainc.com |
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|---------------------------------|-----------------|--------------------------------------|------------|--------------------------------|
| CitiGroup Public Finance | Cameron Parks | Managing Director | 2134867130 | cameron.parks@citi.com |
| CitiGroup Public Finance | Steven Dworkin | | | steven.Dworkin@citi.com |
| CLEAResult | Nick Brod | Vice President - California & Hawaii | 6507267832 | nick.brod@clearesult.com |
| CLEAResult | Victoria Bloise | Business Development Director | 6507267628 | victoria.bloise@clearesult.com |
| David Nahai Consulting Services | David Nahai | President | 3102016800 | dn@davidnahai.com |
| Greenlots | John McLean | Director of Strategic Alliances | 6265903153 | jmclean@greenlots.com |
| Greenlots | Jordan Baroody | Business Development Manager | 3102562183 | jbaroody@greenlots.com |

Non-SCPPA Members

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---------------------------------------|-----------------------|---|--------------|---------------------------------|
| Amber Kinetics, Inc. | Frank DeRosa | Senior Advisor | 4152710624 | fderosa@amberkinetics.com |
| American Public Power Association | Sue Kelly | President and CEO | 2024672901 | suekelly@publicpower.org |
| ARCA Recycling | Chris Chammas | Operations Specialist | 8587225267 | cchammas@arcainc.com |
| Avangrid Renewables | Stewart Rosman | Originator | 5037032792 | stewart.rosman@avangrid.com |
| CMUA | Barry Moline | Executive Director | 9163265801 | bmoline@cmua.org |
| BayWa r.e. Solar Projects | Vitaly Lee | EVP Development | 9493983929 | vitaly.lee@baywa-re.com |
| California ISO | Tom Cuccia | Account Manager | 9163512171 | tcuccia@caiso.com |
| Curls Bartling P.C. | Ericka Curls Bartling | Managing Attorney | 5102250981 | ericka@curlsbartling.com |
| DNV GL | Leanne Hoadley | Head of Section | 5105083115 | Leanne.hoadley@dnvgl.com |
| eSource | Wayne Greenberg | CEO | 3033459110 | wayne_greenberg@esource.com |
| J.P. Morgan Securities LLC | William Frymann | Executive Director | 4153153901 | will.frymann@jpmorgan.com |
| Joule Megamorphosis Energy Consulting | Leesa Nayudu | Owner / Executive Consultant | 6197800040 | Leesa@joulemega.com |
| Proctor Engineering Group | Tom Downey | Principal | 4154512480 | tom@proctoreng.com |
| Questline | Mary Malone | Business Development Director | 6143760470 | mmalone@questline.com |
| Questline | Dave Reim | President | 6145456336 | reim@questline.com |
| Roth Energy Company | Tom Roth | Owner | 2132154984 | rothenergy@gmail.com |
| Salt River Project | Kathy Knoop | Principal Environmental Scientist | 6022365653 | kathy.knoop@srpnet.com |
| San Diego Gas & Electric Compay | Thomas Bialek | Chief Engineer | 8586548795 | tbialek@semprautilities.com |
| Sapere Consulting, Inc. | Dana Zentz | Sr. Consultant | 5099544103 | dzentz@sapereconsulting.com |
| Sempra Renewables | Kathryn Wilson | Originator | 6194053497 | kmwilson@sempraglobal.com |
| SMUD | Arlen Orchard | CEO & GM | 9167325830 | arlen.orchard@smud.org |
| SMUD | Ed Hamzawi | Director | 9167325449 | ed.hamzawi@smud.org |
| Synergy Companies | Matthew Clark | VP - Business Development | 9512306425 | matt.clark@synergycompanies.org |
| WorleyParsons Group Inc | Marc Pelletier | Manager of Projects - Power Transmission / Distribution | 916 817 3934 | |
| ZGlobal Inc. | Kevin Coffee | VP - Electric Operation | 9169859461 | kcoffee@zglobal.biz |
| ZGlobal Inc. | JESSE MONTANO | VICE PRESIDENT, ASSET MANAGEMENT | 7603550288 | jesse@zglobal.biz |

Southern California Public Power Authority (SCPPA)

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---------|-----------------|--|------------|--------------------|
| SCPPA | Amy Mmagu | Manager - State Government Affairs | 9164400870 | ammagu@scppa.org |
| SCPPA | Bryan Cope | Program Development Manager | 6267939364 | bcope@scppa.org |
| SCPPA | Daniel Hashimi | Senior Assistant General Counsel | 6267939364 | dhashimi@scppa.org |
| SCPPA | Jessica Chu | Interim Meeting & Training Coordinator | 6267939364 | jchu@scppa.org |
| SCPPA | Joanna Lopez | Records Administrator | 6267939364 | jlopez@scppa.org |
| SCPPA | John Quan | Utility Analyst | 6267939364 | jquan@scppa.org |
| SCPPA | Katherine Ellis | Sr. Project Manager | 6267939364 | kellis@scppa.org |
| SCPPA | Michael Webster | Michael Webster | 6267939364 | mwebster@scppa.org |
| SCPPA | Nicholas Blair | State Policy Analyst | 9164400870 | nblair@scppa.org |
| SCPPA | Randolph Krager | Project Development Manager | 6267939364 | rkrager@scppa.org |
| SCPPA | Richard Morillo | General Counsel | 6267939364 | rmorillo@scppa.org |
| SCPPA | Robert Duran | Accountant | 6267939364 | rduran@scppa.org |
| SCPPA | Russell Mills | CFO/CAO | 6267939364 | rmills@scppa.org |
| SCPPA | Salpi Ortiz | Human Resources and Office Manager | 6267939364 | sortiz@scppa.org |
| SCPPA | Steve Homer | Director of Project Management | 6267939364 | shomer@scppa.org |
| SCPPA | Tanya DeRivi | Director of Government Affairs | 9164400870 | tderivi@scppa.org |
| SCPPA | Ted Beatty | Director of Resource and Program Development | 6267939364 | tbeatty@scppa.org |

SCPPA Member - Anaheim Public Utilities

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS | |
|--------------------------|------------------------|--|------------|-----------------------------|--|
| Anaheim Public Utilities | Alison Kott | Assistant City Attorney | 7147655169 | akott@anaheim.net | |
| Anaheim Public Utilities | Andrew Kanzler | Sr Resource Program Specialist | 7147655029 | akanzler@anaheim.net | |
| Anaheim Public Utilities | Andrew Markis | Resource Programs Specialist | 7147654259 | amarkis@anaheim.net | |
| Anaheim Public Utilities | Annie Mezzacappa | Utilities Analyst II | 7147654405 | amezzacappa@anaheim.net | |
| Anaheim Public Utilities | Brian Beelner | Brian Beelner | 7147654620 | bbeelner@yahoo.com | |
| Anaheim Public Utilities | Charles Guss | Principal Integrated Resources Planner | 7147654242 | cguss@anaheim.net | |
| Anaheim Public Utilities | David Algarme | Electric Operations Manager | 7147655105 | Dalgarme@Anaheim.net | |
| Anaheim Public Utilities | Daniel Ballin | Deputy City Attorney | 7147655169 | dballin@anaheim.net | |
| Anaheim Public Utilities | DUKKU LEE | GENERAL MANAGER | 7147654126 | DULEE@ANAHEIM.NET | |
| Anaheim Public Utilities | Fred Barvarz | Transmission & Distribution Manager | 7147654191 | fbarvarz@anaheim.net | |
| Anaheim Public Utilities | Graham Bowen | Assistant General Manager - Power Supply | 7147655261 | gbowen@anaheim.net | |
| Anaheim Public Utilities | Janet Lonneker | Assistant General Manager- Electric Services | 7147655025 | JLonneker@anaheim.net | |
| Anaheim Public Utilities | Jason McBride | Strategic Planning Manager | 7147654435 | jmcbride@anaheim.net | |
| Anaheim Public Utilities | Lisa Nugent | Customer Service Manager | 7147654125 | Inugent@anaheim.net | |
| Anaheim Public Utilities | Melinda Avelino-Walker | Utilities Analyst | 7147655026 | mavelino-walker@anaheim.net | |
| Anaheim Public Utilities | Manny Robledo | Integrated Resources Manager | 7147655177 | mrobledo@anaheim.net | |

SCPPA Member - Anaheim Public Utilities (Cont.)

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|--------------------------|----------------|------------------------------|------------|---------------------|
| Anaheim Public Utilities | Phil Hayes | Programs Manager | 7144125646 | phayes@anaheim.net |
| Anaheim Public Utilities | Russell Dowell | Controller | 7147654628 | rdowell@anaheim.net |
| Anaheim Public Utilities | Tracy Cooke | Electric Operations Manager | 7147656894 | tcooke@anaheim.net |
| Anaheim Public Utilities | Wei Tsao | Integrated Resources Planner | 7147654453 | wtsao@anaheim.net |

SCPPA Member - Azusa Light & Water

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---------------------|---------------------|--|------------|------------------------|
| Azusa Light & Water | Federico Langit Jr. | Assistant Director - Electric Operations | 6268125213 | flangit@ci.azusa.ca.us |

SCPPA Member - Banning Electric Utility

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|--------------------------|------------------|--|------------|----------------------------|
| Banning Electric Utility | Brandon Robinson | Associate Engineer | 9519223263 | brobinson@ci.banning.ca.us |
| Banning Electric Utility | Jason Smith | Electric Operations Manager | 9519223264 | jsmith@ci.banning.ca.us |
| Banning Electric Utility | Jim Steffens | Power Resource & Revenue Administrator | 9519223266 | jsteffens@ci.banning.ca.us |
| Banning Electric Utility | Tom Miller | Electric Utility Director | 9519223265 | tmiller@ci.banning.ca.us |

SCPPA Member - Burbank Water and Power

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|-------------------------|-------------------|---|------------|---------------------------|
| Burbank Water and Power | Allison Mao | Financial Analyst | 8182383652 | amao@burbankca.gov |
| Burbank Water and Power | Bob Liu | CFO | 8182383723 | bliu@burbankca.gov |
| Burbank Water and Power | Celeste Osborne | Prinicpal Utility Account Analyst | 8182383736 | mosborne@burbankca.gov |
| Burbank Water and Power | Cesar Ancheta | Assistant General Manager-Electric Services | 8182383559 | cancheta@burbankca.gov |
| Burbank Water and Power | Daniel Tunnicliff | Assistant General Manager | 8182383711 | dtunnicliff@burbankca.gov |
| Burbank Water and Power | Evilia Waloejo | Financial Planning and Risk Manager | 8182383739 | ewaloejo@burbankca.gov |
| Burbank Water and Power | Himanshu Pandey | Power Resources Manager | 8182383634 | hpandey@burbankca.gov |
| Burbank Water and Power | Jim Compton | AGM/CTO | 8182383731 | jcompton@burbankca.gov |
| Burbank Water and Power | Jorge Somoano | General Manager - BWP | 8182383550 | jsomoano@burbankca.gov |
| Burbank Water and Power | Kapil Kulkarni | Marketing Associate | 8182383792 | kkulkarni@burbankca.gov |
| Burbank Water and Power | Lincoln Bleveans | Assistant General Manager Power Supply | 8182383557 | lbleveans@burbankca.gov |
| Burbank Water and Power | Riad Sleiman | Principal Electrical Engineer | 8182383654 | rsleiman@burbankca.gov |
| Burbank Water and Power | Sean Swe | Utility Rate/Program Analyst | 8182383658 | sswe@burbankca.gov |
| Burbank Water and Power | Tiffany Titus | Legislative Analyst | 8182383548 | ttitus@burbankca.gov |

SCPPA Member - Cerritos Electric Utility

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---------------------------|----------------|-------------------------------|------------|-----------------------|
| Cerritos Electric Utility | Ramzi Raufdeen | Electric Utility Manager | 5629161221 | rraufdeen@cerritos.us |
| Cerritos Electric Utility | Vince Brar | Senior Assistant City Manager | 5629161222 | vbrar@cerritos.us |

SCPPA Member - Colton Electric Utility

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|-------------------------|------------------|---------------------------------------|------------|------------------------|
| Colton Electric Utility | Adrianne Rogers | Sr. Energy Services Specialist | 9095144214 | arogers@coltonca.gov |
| Colton Electric Utility | Jessica Sutorus | Environmental Conservation Supervisor | 9093705561 | jsutorus@coltonca.gov |
| Colton Electric Utility | Rebecca Gallegos | Utilities Planning Manager | 9093705175 | rgallegos@coltonca.gov |

SCPPA Member - Glendale Water and Power

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|--------------------------|--------------|---|------------|----------------------|
| Glendale Water and Power | Mark Young | Integrated Resources planning Administrator | 8185483293 | malyoung@pacbell.net |
| Glendale Water and Power | Stephen Zurn | General Manager | 8185482107 | SZurn@Glendaleca.gov |

SCPPA Member - Imperial Irrigation District

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|------------------------------|------------------|--|------------|--------------------|
| Imperial Irrigation District | Sabrina Barber | Manager, Energy Regulatory and Strategic Marketing | 7604823686 | scbarber@iid.com |
| Imperial Irrigation District | Scott Harding | Supervisor of Energy Resource Planning and Acquisition | 7604823365 | mvilla@iid.com |
| Imperial Irrigation District | Timothy Hamilton | Superviosr, Optimiization & Procurement | 7604823391 | tlhamilton@iid.com |

SCPPA Member - Los Angeles Department of Water & Power

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---|--------------------|---|------------|------------------------------|
| Los Angeles Department of Water & Power | Ameerah Alexander | Utility Services Specialist | 2133673100 | ameerah.alexander@ladwp.com |
| Los Angeles Department of Water & Power | Angela Ruiz | Utility Services Manager | 2133672641 | angela.ruiz@ladwp.com |
| Los Angeles Department of Water & Power | Louis Carr | Chief Information Technology Officer | 2133671382 | annie.cortes@ladwp.com |
| Los Angeles Department of Water & Power | Anton Vu | Electrical Services Manager | 8187716555 | anton.vu@ladwp.com |
| Los Angeles Department of Water & Power | Arash Saidi | Electrical Engineer - Solar Programs Development Supervisor | 2133674886 | arash.saidi@ladwp.com |
| Los Angeles Department of Water & Power | Bassam Abou-Chakra | Power Engineering Manager | 2133674631 | bassam.abou-chakra@ladwp.com |
| Los Angeles Department of Water & Power | Berenice Barajas | Utility Services Specialist | 2133678675 | berenice.barajas@ladwp.com |
| Los Angeles Department of Water & Power | Brian Koch | LADWP - Asst Director, Power Engineering Division | 2133670054 | brian.koch@ladwp.com |
| Los Angeles Department of Water & Power | Conrad Rodriguez | Utility Services Specialist | 2133672957 | conrad.rodriguez@ladwp.com |
| Los Angeles Department of Water & Power | Dale Thompson | Mechanical Engineer | 2133674506 | dale.thompson@ladwp.com |
| Los Angeles Department of Water & Power | Daniel Beese | Electrical Engineer Associate II | 2133672646 | Daniel.Beese@ladwp.com |
| Los Angeles Department of Water & Power | Daphne Evangelista | Utility Services Specialist | 2133670428 | daphne.evangelista@ladwp.com |
| Los Angeles Department of Water & Power | David Alexander | Chief Information Security Officer | 2133671111 | david.alexander@ladwp.com |

SCPPA Member - Los Angeles Department of Water & Power (Cont.)

| _ | | THE OF TRACES OF THE CONTRACT | | |
|---|-------------------|---|------------|-----------------------------|
| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
| Los Angeles Department of Water & Power | David Jacot | Director of Efficiency Solutions | 2133674939 | David.Jacot@ladwp.com |
| Los Angeles Department of Water & Power | David Wright | General Manager | 2133671320 | david.wright@ladwp.com |
| Los Angeles Department of Water & Power | Denis Obiang | Electrical Engineer | 2133674396 | denis.obiang@ladwp.com |
| Los Angeles Department of Water & Power | Donna Stevener | Chief Administrative Officer | 2133671110 | donna.stevener@ladwp.com |
| Los Angeles Department of Water & Power | Emil Abdelshehid | Power Engineering Manager | 2133674841 | Emil.Abdelshehid@ladwp.com |
| Los Angeles Department of Water & Power | Enrique Hernandez | Utility Services Specialist | 2133673122 | enrique.hernandez@ladwp.com |
| Los Angeles Department of Water & Power | Eric Hartman | PEM- Facilities And Distribution Engineering | 2133675098 | eric.hartman@ladwp.com |
| Los Angeles Department of Water & Power | Erin Henning | Director | 2133672174 | erin.henning@ladwp.com |
| Los Angeles Department of Water & Power | Faranak Sarbaz | Manager of Transmission & Contracts | 2133671265 | Faranak.Sarbaz@ladwp.com |
| Los Angeles Department of Water & Power | George Chen | Rates Manager | 2133672531 | george.chen@ladwp.com |
| Los Angeles Department of Water & Power | James Barner | Power Engineering Manager | 2133674652 | james.barner@ladwp.com |
| Los Angeles Department of Water & Power | Jan Lukjaniec | Manager of Fuel and Purchased Power | 2133672382 | jan.lukjaniec@ladwp.com |
| Los Angeles Department of Water & Power | Jason Hills | Electric Transportation Program Manager | 2133673804 | jason.hills@ladwp.com |
| Los Angeles Department of Water & Power | Jason Rondou | Manager of Strategic Development and Programs | 2133673601 | jason.rondou@ladwp.com |
| Los Angeles Department of Water & Power | Jay Lim | Mechanical Engineering Associate III | 2133674293 | JayL.Lim@ladwp.com |
| Los Angeles Department of Water & Power | Jazmine Sunico | Utility Services Specialist | 2133673693 | jazmine.sunico@ladwp.com |
| Los Angeles Department of Water & Power | James Tan | Director of Internal Audit | 2132020540 | jeames.tan@ladwp.com |
| Los Angeles Department of Water & Power | Jeanine Alvarado | Commercial Service Supervisor | 2133679546 | jeanine.alvarado@ladwp.com |
| Los Angeles Department of Water & Power | Jocelyn Mariano | Asst. Risk Controller | 2133672882 | jocelyn.mariano@ladwp.com |
| Los Angeles Department of Water & Power | Jodean Giese | Manager, Air Quality Group | 2133670409 | Jodean.Giese@ladwp.com |
| Los Angeles Department of Water & Power | John Chen | Director of Corporate Performance | 2133671428 | John.Chen@LADWP.com |
| Los Angeles Department of Water & Power | John Giese | Manager of Energy Reconciliation | 8187716558 | john.giese@ladwp.com |
| Los Angeles Department of Water & Power | John Kerrigan | Management Analyst | 2133671286 | John.Kerrigan@ladwp.com |
| Los Angeles Department of Water & Power | Jose Alaras | Utility Services Specialist | 2133671829 | jose.alaras@ladwp.com |
| Los Angeles Department of Water & Power | Kawana Key | Utility Services Specialist | 2133673639 | kawana.key@ladwp.com |
| Los Angeles Department of Water & Power | Kecia Washington | Director of Innovation & Strategic Partnerships | 2133672159 | kecia.washington@ladwp.com |
| Los Angeles Department of Water & Power | LeiLani Johnson | Environmental Supervisor | 2133673023 | LeiLani.Johnson@ladwp.com |
| Los Angeles Department of Water & Power | Lisa Hayes | Emergency Preparedness Coordinator | 2133672248 | lisa.hayes@ladwp.com |
| Los Angeles Department of Water & Power | Lisa Tashiro | Electrical Engineering Associate | 2133670648 | Lisa.tashiroAladwp.com |
| Los Angeles Department of Water & Power | Loren Nguyen | Electrical Engineer | 2133672965 | Loren.Nguyen@ladwp.com |
| Los Angeles Department of Water & Power | Lori Lee | Utility Services Specialist | 2133670348 | lori.lee@ladwp.com |
| Los Angeles Department of Water & Power | Lori Morrish | Power Engineering Manager | 2133672076 | lori.morrish@ladwp.com |
| Los Angeles Department of Water & Power | Louis Ting | Director of Power Planning and Development | 2133670239 | louis.ting@ladwp.com |
| Los Angeles Department of Water & Power | Marcelo DiPaolo | Power Engineering Manager | 2133671388 | marcelo.dipaolo@ladwp.com |
| Los Angeles Department of Water & Power | Mark Sedlacek | Director of Environmental Affairs | 2133670403 | Mark.Sedlacek@ladwp.com |
| Los Angeles Department of Water & Power | Marvin Moon | Director of Power Engineering | 2133671716 | marvin.moon@ladwp.com |
| Los Angeles Department of Water & Power | Massoud Saboury | Executive Assistant to the General Manager | 2132020582 | massoud.saboury@ladwp.com |
| | | | | |

SCPPA Member - Los Angeles Department of Water & Power (Cont.)

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|---|-----------------------|--|------------|-----------------------------|
| Los Angeles Department of Water & Power | Mehdi Shafaghi | Electrical Egineer | 2133673974 | mehdi.shafaghi@ladwp.com |
| Los Angeles Department of Water & Power | Michael Buck | Electrical Egineer | 2133672203 | michael.buck@ladwp.com |
| Los Angeles Department of Water & Power | Mukhlesur Bhuiyan | Assistant Director of Planning and Development | 2133672532 | Mukhlesur.Bhuiyan@ladwp.com |
| Los Angeles Department of Water & Power | Nancy Swan | Manager of Financial Reporting | 2133674123 | Nancy.SwanAladwp.com |
| Los Angeles Department of Water & Power | Nermina Rucic-O'Neill | Power Engineering Manager | 2133672330 | nermina.rucic@ladwp.com |
| Los Angeles Department of Water & Power | Peter Huynh | PRINCIPAL UTILITY ACCOUNTANT | - | Peter.Huynh@ladwp.com |
| Los Angeles Department of Water & Power | Peter Liang | Electrical Engineer of Distribution Planning | 2133674895 | Peter.Liang@ladwp.com |
| Los Angeles Department of Water & Power | Priscila Kasha | Deputy City Attorney | 2133672850 | Priscila.Kasha@ladwp.com |
| Los Angeles Department of Water & Power | Reiko Kerr | Senior Assistant General Manager - Power System | 2133670387 | Reiko.Kerr@ladwp.com |
| Los Angeles Department of Water & Power | Sager Farraj | Manager of Distribution Planning and Reliability | 2133672711 | sager.farraj@ladwp.com |
| Los Angeles Department of Water & Power | Sangeetha Losari | Electrical Egineer | 2133672248 | sangeetha.losari@ladwp.com |
| Los Angeles Department of Water & Power | Scott Briasco | Electric Transportation / Facility Engineering Section Manager | 2133678406 | scott.briasco@ladwp.com |
| Los Angeles Department of Water & Power | Sharon Grove | Assistant General Manager - Customer Service Division | 2133678712 | sharon.grove@ladwp.com |
| Los Angeles Department of Water & Power | STEVE BULLUM | Power Engineering Manager – New Business and Customer Support | 2133676236 | Steve.Bullum@ladwp.com |
| Los Angeles Department of Water & Power | Terry Brungard | Efficiency Solutions Engineering Manager | 2133670290 | terry.brungard@ladwp.com |
| Los Angeles Department of Water & Power | Thomas Honles | Manager Civil Structural Engineering Svcs | 2133677736 | thomas.honles@ladwp.com |
| Los Angeles Department of Water & Power | Vincent Zabukovec | Power Engineering Manager | 2133672725 | Vincent.Zabukovec@ladwp.com |
| Los Angeles Department of Water & Power | Winifred Yancy | Director | 2133670025 | winifred.yancy@ladwp.com |
| Los Angeles Department of Water & Power | Yamen Nanne | Electrical Engineer of Distributed Energy Resources Planning | 2133672585 | yamen.nanne@ladwp.com |

SCPPA Member - Pasadena Water and Power

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|--------------------------|------------------|---|------------|------------------------------|
| Pasadena Water and Power | Anthony D'Aquila | Interim Assistant General Manager | 6267447916 | tdaquila@cityofpasadena.net |
| Pasadena Water and Power | Doug Schmaderer | Power Distribution Section Supervisor | 6267447160 | rerangel@cityofpasadena.net |
| Pasadena Water and Power | Eric Klinkner | Chief Deputy General Manager | 6267444478 | eklinkner@cityofpasadena.net |
| Pasadena Water and Power | Gurcharan Bawa | General Manager | 6267447598 | gbawa@cityofpasadena.net |
| Pasadena Water and Power | Mandip Samra | Power Resource Planning Manager | 6267447493 | MSamra@cityofpasadena.net |
| Pasadena Water and Power | Margie Otto | Public Relations and Key Accounts Manager | 6267447518 | motto@cityofpasadena.net |
| Pasadena Water and Power | Shari Thomas | Assistant General Manager | 6267444515 | sthomas@cityofpasadena.net |
| Pasadena Water and Power | Varoojan Avedian | Acting Assistant General Manager | 6267447851 | dflores@cityofpasadena.net |

SCPPA Member - Riverside Public Utilities

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS | | |
|----------------------------|------------------|--|------------|-----------------------------|--|--|
| Riverside Public Utilities | Aileen Ma | Fiscal Manager, Finance | 9518262125 | ama@riversideca.gov | | |
| Riverside Public Utilities | Brian Seinturier | Fiscal Manager, Rates | 9518262215 | BSeinturier@riversideca.gov | | |
| Riverside Public Utilities | Daniel Garcia | Asst. General Manager, Resource Operations and Strategic Analytics | 9518268526 | degarcia@riversideca.gov | | |

SCPPA Member - Riverside Public Utilities (Cont.)

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|----------------------------|--------------------|--|------------|----------------------------|
| Riverside Public Utilities | George Hanson | Assistant General Manager | 9518262400 | rceja@riversideca.gov |
| Riverside Public Utilities | Julie Felipe | Utility Senior Resource Analyst | 9518268540 | ksklarsky@riversideca.gov |
| Riverside Public Utilities | Laura Nomura | Assistant General Manager, Finance | 9518265492 | Inomura@riversideca.gov |
| Riverside Public Utilities | Marianna Marysheva | City of Riverside Assistant City Manager | 9518265197 | MMarysheva@riversideca.gov |
| Riverside Public Utilities | Todd Jorgenson | Interim Utilities General Manager | 9518265197 | cference@riversideca.gov |

SCPPA Member - SCPPA Downtown

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|----------------|------------------|-----------------------------|------------|----------------------------|
| SCPPA Downtown | ADRIAN CHUNG | UTILITY ACCOUNTANT | 2133672572 | ADRIAN.CHUNG@LADWP.COM |
| SCPPA Downtown | Ashanti DELAMESA | Utility Accountant | 2133673075 | ashanti.delamesa@ladwp.com |
| SCPPA Downtown | Atif Hajidatoo | Utility Accountant | 2133674668 | atif.hajidatoo@ladwp.com |
| SCPPA Downtown | Grace Mao | accountant | 2133673076 | grace.mao@ladwp.com |
| SCPPA Downtown | JOAN ILAGAN | Sr. Utility Accountant | 2133674664 | joan.ilagan@ladwp.com |
| SCPPA Downtown | Jonathan Della | Utility Accountant | 2133673073 | jonathan.della@ladwp.com |
| SCPPA Downtown | Leslie Cox-Toney | Senior Administrative Clerk | 2133673492 | leslie.COX-TONEY@ladwp.com |
| SCPPA Downtown | Marissa Garay | Utility Accountant | 2133573054 | marissa.garay2@ladwp.com |
| SCPPA Downtown | Rowena Borja | Sr Utility Accountant | 2133674670 | Rowena.Borja@ladwp.com |
| SCPPA Downtown | Roy Yoon | Utility Accountant | 2133675062 | roy.yoon@ladwp.com |
| SCPPA Downtown | YOLANDA PANTIG | ACCOUNTING MANAGER | 2133673074 | yolanda.pantig@ladwp.com |

SCPPA Member - Vernon Public Utilities

| COMPANY | NAME | JOB TITLE | PHONE | EMAIL ADDRESS |
|-------------------------|-----------------|---------------------------------------|------------|-----------------------------|
| Vernon Public Utilities | Ali Nour | Engineering Manager | 3235838811 | anour@ci.vernon.ca.us |
| Vernon Public Utilities | Angela Kimmey | Compliance Administrator | 3235838811 | akimmey@ci.vernon.ca.us |
| Vernon Public Utilities | Anthony Serrano | Anthony Serrano | 5624893478 | aserrano@ci.vernon.ca.us |
| Vernon Public Utilities | Efrain Sandoval | Principal Resource Scheduler/Trader | 3235838811 | esandoval@ci.vernon.ca.us |
| Vernon Public Utilities | Kelly Nguyen | General Manager | 3235838811 | knguyen@ci.vernon.ca.us |
| Vernon Public Utilities | Lisa Umeda | Utilities Compliance Administrator | 3235838811 | lumeda@ci.vernon.ca.us |
| Vernon Public Utilities | Masami Higa | Assistant Finance Director | 3235838811 | mhiga@ci.vernon.ca.us |
| Vernon Public Utilities | Todd Dusenberry | Assistant General Manager, Operations | 3235838811 | tdusenberry@ci.vernon.ca.us |