



Liberty Utilities (CalPeco Electric) LLC
933 Eloise Avenue
South Lake Tahoe, CA 96150
Tel: 800-782-2506
Fax: 530-544-4811

October 8, 2024

VIA EMAIL ONLY

EDTariffUnit@cpuc.ca.gov

**Advice Letter No. 249-E
(U 933-E)**

California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298

Subject: Revisions to Liberty’s Medical Baseline Program Recertification Requirements

In accordance with California Public Utilities Commission (“Commission”) Decision (“D.”) 22-11-033, Liberty Utilities (CalPeco Electric) LLC (“Liberty”) hereby submits the following updates to its Medical Baseline application forms.

Purpose

Pursuant to D.22-11-033, Liberty submits this Tier 1 advice letter to revise its Medical Baseline (MBL) Application forms.

Background

Previous to Senate Bill (“SB”) 1338, Hueso, existing law provided that an additional higher energy usage allowance at baseline rates be made available to a person who is being treated for a life-threatening illness or has a compromised immune system or is dependent on life-support equipment. Qualified participants in the MBL program required a licensed physician, surgeon, or person licensed pursuant to the Osteopathic Initiative Act, to certify in writing to Liberty that the life-support equipment and/or additional heating or cooling is necessary to sustain the life of the person or prevent deterioration of the person’s medical condition. Pursuant to SB 1338, a physician’s assistant or nurse practitioner may certify that a person is qualified to receive the MBL allowance.

Pursuant to D.22-08-037, Ordering Paragraph (“OP”) 9, Liberty modified its MBL program policy to allow physician assistants and nurse practitioners to certify qualified customers for MBL allowances and to allow qualified medical professionals to e-sign applications for the MBL program. Pursuant to D.22-11-033, OP 22 of D.02-04-026, was modified, changing the requirements for customers currently enrolled in the MBL program to remain enrolled in the

program.¹

Revisions to Forms

Liberty is revising its Application Forms 11-0700 and 11-0750 (Medical Baseline Allowance), to include the following modifications:

1) Customers certified as having a permanent disability will need to self-certify their eligibility every ~~two~~ four years, in lieu of obtaining a physician's signature or authorization, to (at a minimum) ensure their continued residence at the service address, and 2) Those customers not having a permanent disability ~~will need to self-certify each year, and~~ will need a doctor's [qualified medical professional's] certification every two years.

Tier Designation

Pursuant to General Order ("GO") 96-B, and D. 22-11-033, this advice letter is submitted with a Tier 1 designation.

Effective Date

Liberty requests an effective date of October 8, 2024.

Protests

Anyone wishing to protest this Advice Letter may do so by letter sent via U.S. mail, by facsimile, or by email, any of which must be received no later than October 28, 2024, which is 20 days after the date of this Advice Letter. There are no restrictions on who may submit a protest, but the protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. Protests should be mailed to:

California Public Utilities Commission
Energy Division, Tariff Unit
505 Van Ness Avenue, 4th Floor
San Francisco, CA 94102-3298
Facsimile: (415) 703-2200
Email: edtariffunit@cpuc.ca.gov

The protest should be sent via email and U.S. Mail to Liberty at the address shown below on the same date it is mailed or delivered to the Commission:

Liberty Utilities (CalPeco Electric) LLC
Attn: Advice Letter Protests
933 Eloise Avenue
South Lake Tahoe, CA 96150
Email: CaseAdmin@libertyutilities.com

¹ D.22-11-033 at page 6.

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California Public Utilities Commission
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Notice

In accordance with General Order 96-B, Section 4.3, a copy of this Advice Letter is being sent electronically to parties shown on the attached service lists. Address change requests to Liberty's GO 96-B service list should be directed by electronic mail to:
AnnMarie.Sanchez@LibertyUtilities.com.

For changes to all other service lists, please contact the Commission's Process Office at (415) 703-2021 or by electronic mail at ProcessOffice@cpuc.ca.gov.

If additional information is required, please do not hesitate to contact me.

Respectfully submitted,

LIBERTY

/s/ Elly O'Doherty

Elly O'Doherty
Manager, Rates and Regulatory Affairs
Email:
Elly.ODoherty@libertyutilities.com

cc: Liberty General Order 96-B Service List
R.18-07-005 Service List



MEDICAL BASELINE ALLOWANCE APPLICATION Used for Medical Baseline Enrollment and Re-Certification

PART 2 TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.), DOCTOR OF OSTEOPATHY (D.O.), PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER

I certify that the medical condition and needs of my patient (please print):

Last Name First Name

1. Requires use of a life-support device*(check one) YES NO

The following life-support device(s) is/are used in the above named patient's home:

Device: HOURS/DAY:

Device: HOURS/DAY:

Device: HOURS/DAY:

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on electricity supplied by Liberty. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IBB machines, kidney dialysis machines, and motorized wheelchairs. Devices used for therapy rather than life-support do not qualify.

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, and Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if a patient has a compromised immune system, life threatening illness, or any other condition for which additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.

Requires Standard Medical Baseline Allowance for heating: (check one) YES NO

Requires Standard Medical Baseline Allowance for cooling: (check one) YES NO

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately:

(Complete one) # of Years OR Permanently

Qualified Medical Professional's Name: Phone #: ()

Office Address:

MD/DO California State License or Military License Number:

Signature of Qualified Medical Professional: Date:

FOR LIBERTY USE ONLY: Date Received:

Recertification: Self-certify every 4 years Qualified Medical Professional's certification every 2 years

Mail To: Liberty Utilities (CalPeco Electric) LLC, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe CA 96150



MÉDICOS ASIGNACION INICIAL
*Aplicación que se utiliza para la inscripción de referencia
médica y renovación de la certificación*



PARTE 1 y se complete con los clientes (en letra de imprenta)

Cuenta de Liberty #: _____

Nombre del cliente (como aparece en su factura): _____

Nombre del residente de referencia médica (si es diferente): _____

Dirección de Servicio: _____

Dirección postal del cliente (si es diferente): _____

Teléfono de casa: (_____) Teléfono de trabajo: (_____)

Para los clientes facturados por alguien que no sea Liberty

Nombre del parque de casas móviles o complejo de apartamentos: _____

Dirección del complejo: _____

Nombre del administrador del complejo: _____ Teléfono del complejo: (_____)

Nombre del Inquilino: _____ Teléfono del inquilino: (_____)

Entiendo que: _____

1. Si el profesional médico calificado certifica que la condición médica del residente es permanente, Liberty requerirá que se complete un formulario de auto certificación de que el residente continúa siendo elegible para referencia medica cada cuatro años.
2. Si el médico profesional calificado certifica que la condición médica del residente no es permanente, Liberty requerirá que complete una nueva solicitud con la certificación de un médico profesional médico calificado cada dos años.
3. Liberty no puede garantizar un servicio eléctrico ininterrumpido y soy responsable de hacer arreglos alternativos en caso de un corte de electricidad.

Certifico que la información anterior es correcta. También certifico que el residente de referencia médica vive tiempo completo en esta dirección y requiere o continúa requiriendo la asignación de referencia médica. Acepto permitir que Liberty verifique esta información.

También estoy de acuerdo en notificar de inmediato a Liberty si el residente calificado se muda o si el residente ya no necesita la asignación básica médica.

Firma del cliente: _____ Fecha: _____



MÉDICOS ASIGNACION INICIAL

Aplicación que se utiliza para la inscripción de referencia médica y renovación de la certificación

PARTE 2 A ser completado por un médico con licencia (MD) Doctor en osteopatía (DO). Asistente médico y enfermera profesional.

Yo certifico que la condición médica y las necesidades de mi paciente (en letra de imprenta):

1. **Apellido** _____ **Nombre primero** _____

Requiere el uso de un dispositivo de soporte de vida* (marque una) Si NO

El siguiente dispositivo de soporte de vida (s) es / son utilizados en el hogar del paciente nombrado arriba:

Dispositivo: _____ Horas/días: _____

Dispositivo: _____ Horas/días _____

Dispositivo: _____ Horas/días _____

* Un dispositivo de calificación de soporte de vida es un dispositivo médico utilizado para sostener la vida o que se invoque para la movilidad. Este dispositivo debe funcionar con electricidad suministrada por Liberty. Incluye, pero no se limita a, los respiradores (concentradores de oxígeno), pulmones de acero, máquinas de hemodiálisis, las máquinas de succión, estimuladores nerviosos eléctricos, almohadillas de presión y bombas, tiendas de campaña en aerosol, nebulizadores electrostáticos y ultrasónicos, compresores, máquinas de IBB, máquinas de diálisis renal, y sillas de ruedas motorizadas. **Los dispositivos utilizados para la terapia en lugar de apoyar la vida-no califican.**

2. Requiere de calefacción y refrigeración:

Los derechos de emisión de referencia estándar de médicos están disponibles para la calefacción y / o enfriamiento si el paciente es parapléjico, tetrapléjico, y hemipléjica, tiene esclerosis múltiple o la esclerodermia. Los derechos de emisión de referencia estándar de médicos también están disponibles si un paciente tiene un sistema inmune comprometido, la enfermedad mortal, o cualquier otra condición que **adicionales de calefacción o refrigeración es médicamente necesario para sostener la vida de la persona o evitar el deterioro de la condición médica de la persona.**

Requiere estándar asignación médica inicial para **la calefacción:** (marque una) Si NO

Requiere estándar asignación médica inicial para **la calefacción:** (marque una) Si NO

3. **Yo certifico que el dispositivo de soporte de vida (s) y / o adicionales de calefacción o refrigeración se requiere de aproximadamente:**

(Completo) # de años _____ OR Permanente

Profesionales Médicos Calificados: _____ Teléfono #: () _____

Dirección de la oficina: _____

MD / DO licencia del Estado de California o el número de licencia militar: _____

Firma del Profesionales Médicos Calificados : _____ Fecha: _____

PARA USO DE LA LIBERTAD: SOLAMENTE Fecha de recepción: _____ Médico de asignación de referencia: _____

Recertificación: Auto certificación cada 4 años Profesionales Médicos Calificados cada 2 años

Mail To: Liberty Utilities (CalPeco Electric) LLC, Attn: Medical Baseline, 933 Eloise Ave., South Lake Tahoe, CA 96150

Liberty Utilities (CalPeco Electric) LLC
Advice Letter Filing Service List
General Order 96-B, Section 4.3

VIA EMAIL

gbinge@ktminc.com;
emello@sppc.com;
epoole@adplaw.com;
cem@newsdata.com;
rmccann@umich.edu;
sheila@wma.org;
abb@eslawfirm.com;
cbk@eslawfirm.com;
bhodgeusa@yahoo.com;
chilen@nvenergy.com;
phanschen@mofo.com;
liddell@energyattorney.com;
cem@newsdata.com;
dietrichlaw2@earthlink.net;
ericj@eslawfirm.com;
clerk-recorder@sierracounty.ws;
plumascoco@gmail.com;
marshall@psln.com;
stephenhollabaugh@tdpud.org;
gross@portersimon.com;
mcluretahoe@yahoo.com;
catherine.mazzeo@swgas.com;
Theresa.Faegre@libertyutilities.com;
SDG&ETariffs@semprautilities.com;
bcragg@downeybrand.com;
AdviceTariffManager@sce.com;
edtariffunit@cpuc.ca.gov;
jrw@cpuc.ca.gov;

rmp@cpuc.ca.gov;
jaime.gannon@cpuc.ca.gov;
mas@cpuc.ca.gov;
txb@cpuc.ca.gov;
efr@cpuc.ca.gov;
tlg@cpuc.ca.gov;
dao@cpuc.ca.gov;
ljt@cpuc.ca.gov;
mmg@cpuc.ca.gov;
kjl@cpuc.ca.gov;
denise.tyrrell@cpuc.ca.gov;
fadi.daye@cpuc.ca.gov;
winnie.ho@cpuc.ca.gov;
usrb@cpuc.ca.gov;
Rob.Oglesby@energy.ca.gov;
stevegreenwald@dwt.com;
vidhyaprabhakaran@dwt.com;
judypau@dwt.com;
dwtcpucdockets@dwt.com;
patrickferguson@dwt.com;
travis.ritchie@sierraclub.org;
dan.marsh@libertyutilities.com;
sharon.yang@libertyutilities.com;
ginge@regintl.com;
christopher.westling@cpuc.ca.gov;
sletton@cityofslt.us;
acooley@eslawfirm.com;
sacksyboy@yahoo.com



California
Public Utilities
Commission



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Parties

MIKE LAMOND
 CHIEF FINANCIAL OFFICER
 ALPINE NATURAL GAS OPERATING CO. #1 LLC
 EMAIL ONLY
 EMAIL ONLY, CA 00000
 FOR: ALPINE NATURAL GAS OPERATING CO.#1
 LLC

OLIVIA B. WEIN
 STAFF ATTORNEY
 NATIONAL CONSUMER LAW CENTER
 1001 CONNECTICUT AVE., NW., STE. 510
 WASHINGTON, DC 20036-5528
 FOR: NATIONAL CONSUMER LAW CENTER (NCLC)

VINCENT J. VITATOE, ESQ.
 ASSOCIATE GENERAL COUNSEL
 SOUTHWEST GAS CORPORATION
 8360 S. DURANGO BLVD
 LAS VEGAS, NV 89113
 FOR: SOUTHWEST GAS CORPORATION

ISMAEL BAUTISTA, JR.
 SR. COUNSEL
 SOUTHERN CALIFORNIA GAS COMPANY
 555 WEST 5TH STREET, GT14E7
 LOS ANGELES, CA 90017
 FOR: SOUTHERN CALIFORNIA GAS COMPANY

JOSH BUTLER
 HOUSING LONG BEACH
 525 E. 7TH STREET, STE. 111
 LONG BEACH, CA 90813
 FOR: HOUSING LONG BEACH

JOEL M. MALLORD
 SR. ATTORNEY
 SOUTHERN CALIFORNIA EDISON COMPANY
 2244 WALNUT GROVE AVE./ PO BOX 800
 ROSEMEAD, CA 91770
 FOR: SOUTHERN CALIFORNIA EDISON COMPANY

RONALD MOORE
 SR ANALYST, REGULATORY
 BEAR VALLEY ELECTRIC SERVICE
 630 EAST FOOTHILL BOULEVARD
 SAN DIMAS, CA 91773
 FOR: BEAR VALLEY ELECTRIC SERVICES
 (GOLDEN STATE WATER COMPANY)

DAVID CHENG
 STAFF ATTORNEY
 THE UTILITY REFORM NETWORK
 1620 5TH AVENUE, SUITE 810
 SAN DIEGO, CA 92101
 FOR: THE UTILITY REFORM NETWORK (TURN)

ROSA SANCHEZ ULLOA
 CITY HEIGHTS COMMUNITY DEVELOPMENT CORP
 4001 EL CAJON BLVD., STE. 205
 SAN DIEGO, CA 92105
 FOR: CITY HEIGHTS COMMUNITY DEVELOPMENT
 CORPORATION

JANE KRIKORIAN
 MGR - REGULATORY
 UTILITY CONSUMERS' ACTION NETWORK
 3405 KENYON STREET, STE. 401
 SAN DIEGO, CA 92110
 FOR: UTILITY CONSUMERS' ACTION NETWORK

(UCAN)

SIOBHAN MURILLO
 COUNSEL
 SAN DIEGO GAS & ELECTRIC COMPANY
 8330 CENTURY PARK, CP 32D
 SAN DIEGO, CA 92123
 FOR: SAN DIEGO GAS & ELECTRIC COMPANY

MARIO A. GONZALEZ
 CENTRO LA FAMILIA ADVOCACY SERVICES
 302 FRESNO STREET, STE. 102
 FRESNO, CA 93706
 FOR: CENTRO LA FAMILIA ADVOCACY
 SERVICES, INC.

ROBERT HUERTA
 RESOURCE MGR.
 POVERELLO HOUSE
 412 F STREET
 FRESNO, CA 93706
 FOR: POVERELLO HOUSE

ERIC PAYNE
 FOUNDER
 THE CENTRAL VALLEY URBAN INSTITUTE
 700 VAN NESS
 FRESNO, CA 93721
 FOR: THE CENTRAL VALLEY URBAN INSTITUTE

RACHAEL KOSS
 ATTORNEY
 ADAMS BROADWELL JOSEPH & CORDOZO
 601 GATEWAY BLVD., STE. 1000
 SOUTH SAN FRANCISCO, CA 94080
 FOR: COALITION OF CALIFORNIA UTILITY
 EMPLOYEES

ROSS NAKASONE
 PLANNING & REGULATORY COMPLIANCE
 SAN FRANCISCO PUBLIC UTILITIES COMMISSION
 525 GOLDEN GATE AVE., 7TH FL.
 SAN FRANCISCO, CA 94102
 FOR: CITY AND COUNTY OF SAN FRANCISCO

NICHOLAS VANGRIN
 CALIF PUBLIC UTILITIES COMMISSION
 LEGAL DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214
 FOR: PUBLIC ADVOCATES OFFICE

ALEXIS CURETON
 CLEAN ENERGY AND EQUITY ADVOCATE
 NATURAL RESOURCES DEFENSE COUNCIL
 111 SUTTER STREET, 21ST FLOOR
 SAN FRANCISCO, CA 94104
 FOR: NATURAL RESOURCES DEFENSE COUNCIL
 (NRDC)

LARA ETTENSON
 NATURAL RESOURCE DEFENSE COUNCIL
 111 SUTTER STREET, 21TH FL.
 SAN FRANCISCO, CA 94104
 FOR: NATURAL RESOURCE DEFENSE COUNCIL

LORI A. DOLQUEIST
 ATTORNEY
 NOSSAMAN LLP
 50 CALIFORNIA STREET, 34TH FLR.
 SAN FRANCISCO, CA 94111
 FOR: CALIFORNIA WATER ASSOCIATION

LAURENCE VANHOCK
 COMMUNITY CHURCH
 1527 34TH STREET
 OAKLAND, CA 94608
 FOR: COMMUNITY CHURCH

STEPHEN CAMPBELL
 DIR - POLICY, WEST
 GRID ALTERNATIVES
 1171 OCEAN AVE., SUITE 200
 OAKLAND, CA 94608
 FOR: GRID ALTERNATIVES

CARMELITA L. KELLY MILLER
 LEGAL COUNSEL
 THE GREENLINING INSTITUTE
 360 14TH STREET, SECOND FLOOR
 OAKLAND, CA 94612
 FOR: THE GREENLINING INSTITUTE

STEVEN W. FRANK
 ATTORNEY
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612
 FOR: PACIFIC GAS AND ELECTRIC COMPANY

TODD EDMISTER
 DIR & DEPUTY GEN. COUNSEL
 EAST BAY COMMUNITY ENERGY
 1999 HARRISON ST, SUITE 800
 OAKLAND, CA 94612
 FOR: AVA COMMUNITY ENERGY AUTHORITY
 F/K/A EAST BAY COMMUNITY ENERGY (EBCE)

MELISSA W. KASNITZ
 ATTORNEY
 CENTER FOR ACCESSIBLE TECHNOLOGY
 3075 ADELIN STREET, STE. 220
 BERKELEY, CA 94703
 FOR: CENTER FOR ACCESSIBLE TECHNOLOGY

BETH VAUGHAN
 EXECUTIVE DIR
 CALIFORNIA COMMUNITY CHOICE ASSOCIATION
 1125 TAMALPAIS AVE.
 SAN RAFAEL, CA 94960

DENNIS OSMER
 EXE. DIR.
 CENTRAL COAST ENERGY SERVICES, INC.
 PO BOX 2707
 WATSONVILLE, CA 95077

FOR: CALIFORNIA COMMUNITY CHOICE
ASSOCIATION

FOR: CENTRAL COAST ENERGY SERVICES, INC.

ANDRE BELION
FATHERS AND FAMILIES OF SAN JOAQUIN
338 E. MARKET STREET
STOCKTON, CA 95202
FOR: FATHERS AND FAMILIES OF SAN JOAQUIN

CRISTINA MATHEWS
ATTORNEY
CALIFORNIA LOW-INCOME CONSUMER COALITION
PO BOX 2502
FORT BRAGG, CA 95437
FOR: CALIFORNIA LOW-INCOME CONSUMER
COALITION (CLICC)

RAYMOND J. CZAHAR
CHIEF FINANCIAL OFFICER
WEST COAST GAS CO., INC.
9203 BEATTY DR.
SACRAMENTO, CA 95826-9702
FOR: WEST COAST GAS COMPANY, INC

DAVID SCRIBNER
CHIEF COUNSEL
DEPT OF COMMUNITY SERVICES & DEVELOPMENT
2389 GATEWAY OAKS DR., STE. 100
SACRAMENTO, CA 95833
FOR: DEPARTMENT OF COMMUNITY SERVICES
AND DEVELOPMENT

DANIEL MARSH
MGR - RATES & REGULATORY AFFAIRS
LIBERTY UTILITIES (CALPECO ELECTRIC) LLC
933 ELOISE AVENUE
SOUTH LAKE TAHOE, CA 96150
FOR: LIBERTY UTILITIES (CALPECO
ELECTRIC) LLC

POOJA KISHORE
MGR - REGULATORY AFFAIRS
PACIFICORP
825 NE MULTNOMAH, STE. 2000
PORTLAND, OR 97232
FOR: PACIFICORP

Information Only

ALAN SALAZAR
REGULATORY CASE MANAGER
SAN DIEGO GAS & ELECTRIC
EMAIL ONLY
EMAIL ONLY, CA 00000

ALANA VOLSKAYA
PACIFIC GAS AND ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

ALEXIS RIZO
REGULATORY ANALYST I
CLEAN POWER ALLIANCE
EMAIL ONLY
EMAIL ONLY, CA 00000

ALINA BEMIS
CALIFORNIA PUBLIC UTILITIES COMMISSION
EMAIL ONLY
EMAIL ONLY, CA 00000

AMULYA YERRAPOTU
MARIN CLEAN ENERGY
EMAIL ONLY
EMAIL ONLY, AA 00000

AMY BARR
PACIFIC GAS AND ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

CAROLINE CHEN
STATWIZARDS LLC
EMAIL ONLY
EMAIL ONLY, CA 00000

CLARA GARCIA
SOUTHERN CALIFORNIA GAS COMPANY
EMAIL ONLY
EMAIL ONLY, AA 00000

ELEANOR SMITH
ACCOUNT RATES AND EQUITY MANAGER
AVA COMMUNITY ENERGY
EMAIL ONLY
EMAIL ONLY, CA 00000

ELSIA GALAWISH
GALAWISH CONSULTING & ASSOCIATES
EMAIL ONLY
EMAIL ONLY, AA 00000

ENEIDA ALVAREZ
ADVISOR
SAN DIEGO GAS & ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

JASON HOFFMAN
SENIOR CUSTOMER REGULATORY SPECIALIST
PACIFICORP
EMAIL ONLY
EMAIL ONLY, OR 00000

JENNIFER ANGELL
REGULATORY AFFAIRS MANAGER
PACIFICORP
EMAIL ONLY
EMAIL ONLY, CA 00000

JOY MASTACHE
SR. ATTORNEY - OFF. OF GEN. COUNSEL
SACRAMENTO MUNICIPAL UTILITY DISTRICT
EMAIL ONLY
EMAIL ONLY, CA 00000

KAVYA BALARAMAN
REPORTER
UTILITY DIVE
EMAIL ONLY
EMAIL ONLY, DC 00000

KE HAO OUYANG
PROGRAM & PROJECT SUPERVISOR - CPED
CALIFORNIA PUBLIC UTILITIES COMMISSION
EMAIL ONLY
EMAIL ONLY, CA 00000

LORENZO HAGOS
PACIFIC GAS & ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

MARTHA GUZMAN ACEVES
OFFICE OF COMMISSIONER GUZMAN ACEVES
CPUC - EXEC. DIV.
EMAIL ONLY
EMAIL ONLY, CA 00000

MARY CLAIRE BROWN
ADVISOR - EXEC
CPUC
EMAIL ONLY
EMAIL ONLY, CA 00000

MCE REGULATORY
MARIN CLEAN ENERGY
EMAIL ONLY
EMAIL ONLY, CA 00000

MIA BERRIOS
PACIFIC GAS AND ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

MICHELLE NUTTALL
SOUTHERN CALIFORNIA EDISON COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

REBECCA MARTINEZ
PACIFIC GAS AND ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

REGULATORY CM ENERGY EFFICIENCY
SAN DIEGO GAS & ELECTRIC
CALIFORNIA REGULATORY AFFAIRS
EMAIL ONLY
EMAIL ONLY, CA 00000

SIDNEY BOB DIETZ II
DIRECTOR OF REGULATORY RELATIONS
PACIFIC GAS AND ELECTRIC COMPANY
EMAIL ONLY
EMAIL ONLY, CA 00000

TED TARDIF
ENERGY RESOURCES MGR
CLEAN POWER ALLIANCE OF SOUTHERN CA
EMAIL ONLY
EMAIL ONLY, CA 00000

XIOMALYS CRESPO
SAN DIEGO COMMUNITY POWER
EMAIL ONLY
EMAIL ONLY, CA 00000

MRW & ASSOCIATES, LLC
EMAIL ONLY
EMAIL ONLY, CA 00000

CALIFORNIA COMMUNITY CHOICE ASSOCIATION
EMAIL ONLY
EMAIL ONLY, CA 00000

CALIFORNIA COMMUNITY CHOICE ASSOCIATION
EMAIL ONLY
EMAIL ONLY, CA 00000

JENIFER BOSCO
STAFF ATTORNEY
NATIONAL CONSUMER LAW CENTER
7 WINTHROP SQUARE, 4TH FL.
BOSTON, MA 02110

BLAKE ELDER
EQ RESEARCH LLC
1155 KILDAIRE FARM ROAD, SUITE 203
CARY, NC 27511

TYSON SIEGELE
PRINCIPAL CONSULTANT
CLEAN ENERGY STRATEGIES
11750 W 135TH ST., STE. 1080
OVERLAND PARK, KS 66062

ISAAC WALLACE
SENIOR ANALYST, REGULATORY
SOUTHWEST GAS CORPORATION
8360 SOUTH DURANGO DRIVE
LAS VEGAS, CA 89113

TASHIA GARRY
LEGAL ASSISTANT

VALERIE J. ONTIVEROZ
REGULATORY MGR / CA

SOUTHWEST GAS CORPORATION
8360 S. DURANGO DRIVE, LVD-110
LAS VEGAS, NV 89113

SOUTHWEST GAS CORPORATION
8360 S. DURANGO DRIVE, LVD-110
LAS VEGAS, NV 89113

SOUTHWEST GAS
8360 S. DURANGO DRIVE
LAS VEGAS, NV 89133-0000

PAUL I. DEANG
MGR - REGULATORY
SOUTHERN CALIFORNIA GAS COMPANY
555 W. 5TH STREET, GT14D6
LOS ANGELES, CA 90012

CARISSA LA TORRE
REGULATORY CASE MANAGER
SOUTHERN CALIFORNIA GAS COMPANY
555 WEST 5TH STREET, GT14D6
LOS ANGELES, CA 90013

JOSEPH MOCK
REGULATORY CASE MGR.
SOUTHERN CALIFORNIA GAS COMPANY
555 WEST 5TH ST., STE 1400, GT14D6
LOS ANGELES, CA 90013

JULIA ENDE
CALIF PUBLIC UTILITIES COMMISSION
ENERGY COST AND RETAIL CHOICE BRANCH
320 West 4th Street Suite 500
Los Angeles, CA 90013

KA HO LAU
CALIF PUBLIC UTILITIES COMMISSION
ELECTRICITY PRICING AND CUSTOMER PROGRAM
320 West 4th Street Suite 500
Los Angeles, CA 90013

NANCY WHANG
GENERAL COUNSEL
CLEAN POWER ALLIANCE
EMAIL ONLY
EMAIL ONLY, CA 90013

PAMELA WU
REGULATORY CASE MGR.
SOUTHERN CALIFORNIA GAS COMPANY
555 W. FIFTH STREET, GT14D6
LOS ANGELES, CA 90013

PRISCILLA R. HAMILTON
SOUTHERN CALIFORNIA GAS COMPANY
555 W. 5TH STREET, GT19A3
LOS ANGELES, CA 90013

ROY CHRISTIAN
SOUTHERN CALIFORNIA GAS COMPANY
1801 S. ATLANTIC BLVD
MONTEREY PARK, CA 91754

ANNA VALDBERG
DIR - MANAGING ATTORNEY
SOUTHERN CALIFORNIA EDISON COMPANY
2244 WALNUT GROVE AVE. / PO BOX 800
ROSEMEAD, CA 91770

CASE ADMINISTRATION
SOUTHERN CALIFORNIA EDISON COMPANY
2244 WALNUT GROVE AVE. / PO BOX 800
ROSEMEAD, CA 91770

CODY MORGAN TAYLOR
SR. MGR - REGULATORY
SOUTHERN CALIFORNIA EDISON COMPANY
2244 WALNUT GROVE AVE
ROSEMEAD, CA 91770

JAKE HUTTNER
SR. PROJECT MGR.
SOUTHERN CALIFORNIA EDISON COMPANY
8631 RUSH STREET
ROSEMEAD, CA 91770

MIRIAM FISCHLEIN
SOUTHERN CALIFORNIA EDISON COMPANY
2244 WALNUT GROVE AVE
ROSEMEAD, CA 91770

NGUYEN QUAN
MGR - REGULATORY
BEAR VALLEY ELECTRIC SERVICE, INC.
630 EAST FOOTHILL BLVD.
SAN DIMAS, CA 91773

AISHA CERVANTES-CISSNA
SR POLICY MGR
SAN DIEGO COMMUNITY POWER
PO BOX 12716
SAN DIEGO, CA 92101

CHASITY HENDREN
TOSDAL APC
845 15TH STREET, SUITE 103
SAN DIEGO, CA 92101

ERIN HUDAK
TOSDAL APC
845 15TH STREET, SUITE 103
SAN DIEGO, CA 92101

COURTNEY COOK
PARALEGAL / OFFICE ADMIN.
UTILITY CONSUMERS' ACTION NETWORK
3405 KENYON STREET, SUITE 401
SAN DIEGO, CA 92110

EDWARD LOPEZ

JASON ZELLER

EXECUTIVE DIR
UTILITY CONSUMERS ACTION NETWORK
3405 KENYON ST. SUITE 401
SAN DIEGO, CA 92110

STAFF ATTORNEY
UTILITY CONSUMERS ACTION NETWORK
3405 KENYON STREET, SUITE 401
SAN DIEGO, CA 92110

ADOLFO MORENO
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT
SAN DIEGO, CA 92123

ALANA N. HAMMER
REGULATORY CASE MGR
SAN DIEGO GAS & ELECTRIC COMPANY
8326 CENTURY PARK COURT (CP31D)
SAN DIEGO, CA 92123

ANNLYN FAUSTINO
REGULATORY & COMPLIANCE
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP32F
SAN DIEGO, CA 92123

CHRIS BENDER
SAN DIEGO GAS & ELECTRIC COMPANY
8690 BALBOA AVE., STE. 10 (CPA01)
SAN DIEGO, CA 92123

CLAY FABER
DIR. CA & FEDERAL REGULATORY
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP32F
SAN DIEGO, CA 92123
FOR: SAN DIEGO GAS & ELECTRIC COMPANY

EMILY FABICK
CASE MGR - REGULATORY
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP31F
SAN DIEGO, CA 92123

GENEVEVE BUCSIT
MGR - REGULATORY
SAN DIEGO GAS AND ELECTRIC COMPANY
8326 CENTURY PARK COURT, CP32F
SAN DIEGO, CA 92123

JOHN A. PACHECO
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK CT., CP32D
SAN DIEGO, CA 92123

LAURA M. FULTON
ATTORNEY
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP32D
SAN DIEGO, CA 92123

MICHELLE SOMERVILLE
REGULATORY CASE MGR.
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP32F
SAN DIEGO, CA 92123

SIOBHAN MURILLO
CASE MGR - REGULATORY
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK COURT, CP31E
SAN DIEGO, CA 92123

CENTRAL FILES
SAN DIEGO GAS & ELECTRIC COMPANY
8330 CENTURY PARK CT, CP31-E
SAN DIEGO, CA 92123-1530

SHEILA LEE
SR. POLICY ADVISOR
SAN DIEGO GAS & ELECTRIC COMPANY
8335 CENTURY PARK COURT, CP 12H
SAN DIEGO, CA 92123-1569

ROSEANA PORTILLO
BEAR VALLEY ELECTRIC SERVICE, INC.
42020 GARSTIN DR
BEAR LAKE, CA 92315

BRIAN KIMBALL
CENTRAL COAST COMMUNITY ENERGY
70 GARDEN COURT, SUITE 300
MONTEREY, CA 93940

DOUG KARPA
MANAGING COUNSEL - REGULATORY
PENINSULA CLEAN ENERGY
2075 WOODSIDE ROAD
REDWOOD CITY, CA 94061

JEREMY WAEN
MGR - REGULATORY
PENINSULA CLEAN ENERGY
2075 WOODSIDE ROAD
REDWOOD CITY, CA 94061

MATTHEW J. SANDERS
DEPUTY COUNTY COUNSEL
SAN MATEO COUNTY COUNSELS OFFICE
400 COUNTY CENTER, 6TH FL
REDWOOD CITY, CA 94063

ANDREW J. GRAF
ASSOCIATE ATTORNEY
ADAMS BROADWELL JOSEPH & CARDOZO
601 GATEWAY BOULEVARD, SUITE 1000
SOUTH SAN FRANCISCO, CA 94080

HILARY STAVAR
MGR - REG. & LEGISLATIVE AFFAIRS
SILICON VALLEY CLEAN ENERGY
333 W. EL CAMINO REAL, STE. 290
SUNNYVALE, CA 94087

ADAM BUCHHOLZ
 CALIF PUBLIC UTILITIES COMMISSION
 EXECUTIVE DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

ALEJANDRO MARQUEZ
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PRICING AND CUSTOMER PROGRAM
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

AMANDA SINGH
 CALIF PUBLIC UTILITIES COMMISSION
 EXECUTIVE DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

AMY C. YIP-KIKUGAWA
 CALIF PUBLIC UTILITIES COMMISSION
 LEGAL DIVISION
 ROOM 4107
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214
 FOR: PUBLIC ADVOCATES OFFICE

ANDREW DUGOWSON
 CALIF PUBLIC UTILITIES COMMISSION
 ADMINISTRATIVE LAW JUDGE DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

ANDREW RUBANG
 CALIF PUBLIC UTILITIES COMMISSION
 PUBLIC ADVOCATES OFFICE - POLICY & PLANN
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

ANKIT JAIN
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRIC RATES, CUSTOMER GENERATION AND
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

BENJAMIN MENZIES
 CALIF PUBLIC UTILITIES COMMISSION
 COMMUNICATIONS DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

BRUCE KANESHIRO
 CALIF PUBLIC UTILITIES COMMISSION
 BUILDING ELECTRIFICATION AND GAS POLICY
 AREA 4-A
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

CHRISTOPHER HOGAN
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PRICING AND CUSTOMER PROGRAM
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

DARRYL J. GRUEN
 CALIF PUBLIC UTILITIES COMMISSION
 COMMISSIONER BAKER
 ROOM 4300
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214
 FOR: PUBLIC ADVOCATES OFFICE (FORMERLY
 THE OFFICE OF RATEPAYER ADVOCATES - ORA)

ISAAC TONG
 CALIF PUBLIC UTILITIES COMMISSION
 BUILDING ELECTRIFICATION AND GAS POLICY
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

JACK CHANG
 CALIF PUBLIC UTILITIES COMMISSION
 ADMINISTRATIVE LAW JUDGE DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

JANA HOPKINS
 CALIF PUBLIC UTILITIES COMMISSION
 UTILITY & PAYPHONE ENFORCEMENT BRANCH
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

JENNEILLE HSU
 CALIF PUBLIC UTILITIES COMMISSION
 BUILDING ELECTRIFICATION AND GAS POLICY
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

JESSE STOUT
 CALIF PUBLIC UTILITIES COMMISSION
 LEGAL DIVISION
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

MARIA SOTERO
 CALIF PUBLIC UTILITIES COMMISSION
 COMMISSIONER JOHN REYNOLDS
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

MARION PELEO
 CALIF PUBLIC UTILITIES COMMISSION
 LEGAL DIVISION
 ROOM 4107
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

FOR: PUBLIC ADVOCATES OFFICE

MASOUD FOUDEH
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRIC RATES, CUSTOMER GENERATION AND
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

MEA HALPERIN
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PLANNING & POLICY BRANCH
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

NATHAN CHRISTO
 CALIF PUBLIC UTILITIES COMMISSION
 UTILITY & PAYPHONE ENFORCEMENT BRANCH
 AREA 2-E
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

RYAN SARAIE
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PLANNING & POLICY BRANCH
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

SARAH R. THOMAS
 CALIF PUBLIC UTILITIES COMMISSION
 LEGAL DIVISION
 ROOM 5033
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

STEPHANIE WU
 CALIF PUBLIC UTILITIES COMMISSION
 UTILITY & PAYPHONE ENFORCEMENT BRANCH
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

THOMAS BRAWLEY
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PRICING AND CUSTOMER PROGRAM
 AREA
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

XIAN "CINDY" LI
 CALIF PUBLIC UTILITIES COMMISSION
 ELECTRICITY PRICING AND CUSTOMER PROGRAM
 ROOM 4104
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102-3214

WILLIAM ROSTOV
 DEPUTY CITY ATTORNEY
 CITY AND COUNTY OF SAN FRANCISCO
 CITY HALL
 1 DR CARLTON B. GOODLET PL. RM 234
 SAN FRANCISCO, CA 94102-4682

JENNIFER CAPITOLO
 EXE DIR
 CALIFORNIA WATER ASSOCIATION
 601 VAN NESS AVE., STE. 2047, MC E3-608
 SAN FRANCISCO, CA 94102-6316

HAYLEY GOODSON
 STAFF ATTORNEY
 THE UTILITY REFORM NETWORK
 785 MARKET ST., STE. 1400
 SAN FRANCISCO, CA 94103

JULIA DE LAMARE
 ADVOCATE - BLDG DECARBONIZATION
 NATURAL RESOURCES DEFENSE COUNCIL
 111 SUTTER ST., 21ST FL.
 SAN FRANCISCO, CA 94104

JULIE TAN
 PACIFIC GAS AND ELECTRIC COMPANY
 245 MARKET STREET
 SAN FRANCISCO, CA 94105

DAVID SIDDIQUI
 SR. MGR, REG AFFAIRS
 ORACLE - UTILITIES GLOBAL BUSINESS UNIT
 475 SANSOME ST, 15TH FL
 SAN FRANCISCO, CA 94111

DEMETRIO A. MARQUEZ
 PARALEGAL IV
 CALIFORNIA AMERICAN WATER COMPANY
 555 MONTGOMERY STREET, SUITE 816
 SAN FRANCISCO, CA 94111

WILLIS HON
 ATTORNEY
 NOSSAMAN LLP
 50 CALIFORNIA STREET, 34TH FL
 SAN FRANCISCO, CA 94111

GERARDO HUERTA
 ATTORNEY
 PACIFIC GAS AND ELECTRIC COMPANY
 PO BOX 7442
 SAN FRANCISCO, CA 94120

SARA STECK MYERS
 ATTORNEY AT LAW
 LAW OFFICES OF SARA STECK MYERS
 122 - 28TH AVENUE
 SAN FRANCISCO, CA 94121

MEGAN M. MYERS
 COUNSEL
 LAW OFFICES OF MEGAN M. MYERS
 110 OXFORD STREET

CASE COORDINATION
 PACIFIC GAS AND ELECTRIC COMPANY
 PO BOX 770000; MC B23A
 SAN FRANCISCO, CA 94177

SAN FRANCISCO, CA 94134

AFP TRACKS
 AGGREGATE FILINGS
 950 TOWER LN, SUITE 2100
 FOSTER CITY, CA 94404

AGGREGATE FILING
 AFP TRACKS
 950 TOWER LANE
 FOSTER, CA 94404

CHRIS KING
 CHIEF POLICY OFFICER
 SIEMENS
 4000 E. THIRD AVE.
 FOSTER CITY, CA 94404

LEANNE BOBER
 SR. POLICY ANALYST
 CALIFORNIA COMMUNITY CHOICE ASSOCIATION
 2300 CLAYTON ROAD, STE. 1150
 CONCORD, CA 94520

JOSEPH WIEDMAN
 LAW OFFICE OF JOSEPH F. WIEDMAN
 115 BROAD STREET SUITE 157
 CLOVERDALE, CA 94525

HEWAN MICHAEL
 PACIFIC GAS AND ELECTRIC
 3401 CROW CANYON ROAD, BLDG 414
 SAN RAMON, CA 94583

EBCE REGULATORY
 EAST BAY COMMUNITY ENERGY
 1111 BROADWAY, 3RD FLOOR
 OAKLAND, CA 94607
 FOR: AVA COMMUNITY ENERGY AUTHORITY
 F/K/A EAST BAY COMMUNITY ENERGY (EBCE)

KEVIN BAILEY
 THE UTILITY REFORM NETWORK (TURN
 360 GRAND AVENUE, NO.150
 OAKLAND, CA 94610

SYLVIE ASHFORD
 THE UTILITY REFORM NETWORK
 360 GRAND AVENUE, STE. 150
 OAKLAND, CA 94610

BETTY TRAN
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

CHRIS KATO
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

DARREN ROACH
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

EVA CHU
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

FEBY BOEDIARTO
 REGULATORY ANALYST
 EAST BAY COMMUNITY ENERGY
 1999 HARRISON STREET, STE. 800
 OAKLAND, CA 94612
 FOR: AVA COMMUNITY ENERGY AUTHORITY
 F/K/A EAST BAY COMMUNITY ENERGY (EBCE)

MEGHAN DEWEY
 PACIFIC GAS AND ELECTRIC
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

MINCI HAN
 MGR - REG. PROCEEDINGS
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

STACY W. WALTER, ESQ.
 ATTORNEY
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612

AARON LEWIS
 CONSULTANT, LEGAL SERVICES
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612-3534

CATHERINE BUCKLEY
 CORPORATE AFFAIRS
 PACIFIC GAS AND ELECTRIC COMPANY
 300 LAKESIDE DRIVE
 OAKLAND, CA 94612-3534

NATHANIEL MALCOLM
 POLICY COUNSEL
 MARIN CLEAN ENERGY
 1125 TAMALPAIS AVENUE
 SAN RAFAEL, CA 94901

STEPHANIE CHEN
 SR. POLICY COUNSEL
 MARIN CLEAN ENERGY

JOHN GAINES
 SONOMA COUNTY WORKERS BENEFITS
 64 CHARLES ST.

10/8/24, 7:53 AM

CPUC - Service Lists - R1807005

1125 TAMPALPAIS AVENUE
SAN RAFAEL, CA 94901

COTATI, CA 94931
FOR: SONOMA COUNTY WORKERS BENEFIT
COUNCIL

GARIMA VASHISHTHA
SAN JOSE CLEAN ENERGY
200 EAST SANTA CLARA STREET, 16TH FLOOR
SAN JOSE, CA 95113

MAHAL MILES
ANALYST II - REGULATORY
SAN JOSE CLEAN ENERGY
200 EAST SANTA CLARA STREET
SAN JOSE, CA 95113

TAYLOR KNECHT
SAN JOSE CLEAN ENERGY
200 EAST SANTA CLARA STREET, 14TH FLOOR
SAN JOSE, CA 95113

EDDIE GONZALES, JR.
PACIFIC GAS AND ELECTRIC COMPANY
3136 BOEING WAY
STOCKTON, CA 95206

RORY RAFFETY
PACIFIC GAS AND ELECTRIC COMPANY
3136 BOEING WAY
STOCKTON, CA 95206

TODD STREYLE
PACIFIC GAS AND ELECTRIC COMPANY
3136 BOEING WAY
STOCKTON, CA 95206

MICHELLE VIGEN
SENIOR POLICY MGR.
CALIF. EFFICIENCY + DEMAND MGMT COUNCIL
1535 FARMERS LANE, SUITE 312
SANTA ROSA, CA 95405

STEPHEN KEEHN
PACIFIC ENERGY ADVISORS, INC
1839 IRON POINT RD., SUITE 120
FOLSOM, CA 95630

JEDEDIAH J. GIBSON
ATTORNEY
DOWNEY BRAND LLP
621 CAPITOL MALL, 18TH FLOOR
SACRAMENTO, CA 95814

JUSTIN ONG
CALIF PUBLIC UTILITIES COMMISSION
COMMISSIONER BAKER
915 L Street Suite 1140
Sacramento, CA 95814

LOVE ASIEDU-AKROFI
CPUC - CONSUMER AFFAIRS BRANCH
300 CAPITOL MALL, SUITE 500
SACRAMENTO, CA 95814

MARY FLANNELLY
CALIF PUBLIC UTILITIES COMMISSION
PUBLIC ADVOCATES OFFICE - POLICY & PLANN
915 L Street Suite 1140
Sacramento, CA 95814

REGULATORY CLERK
BRAUN BLAISING SMITH WYNNE, PC
915 L STREET, STE. 1480
SACRAMENTO, CA 95814

SCOTT BLAISING
COUNSEL
BRAUN BLAISING SMITH WYNNE P.C.
915 L STREET, SUITE 1480
SACRAMENTO, CA 95814

ANDREW B. BROWN
ATTORNEY AT LAW
ELLISON SCHNEIDER HARRIS & DONLAN LLP
2600 CAPITOL AVENUE, SUITE 400
SACRAMENTO, CA 95816-5931

DENNIS PETERS
GOV'T AFFAIRS REP.
SACRAMENTO MUNICIPAL UTILITY DISTRICT
6201 S STREET, MS B404
SACRAMENTO, CA 95817

JOSH STOOPS
GOV'T AFFAIRS REP. - REGULATORY
SACRAMENTO MUNICIPAL UTILITY DISTRICT
6201 S STREET, MS B404
SACRAMENTO, CA 95817

KEVIN JOHNSTON
ATTORNEY
CALIFORNIA FARM BUREAU FEDERATION
2600 RIVER PLAZA DRIVE
SACRAMENTO, CA 95833

DEREK OLIJAR
ANALYST, RATES AND REGULATORY AFFAIRS
LIBERTY UTILITIES (CALIFORNIA)
701 NATIONAL AVE.
TAHOE VISTA, CA 96148
FOR: LIBERTY UTILITIES (CALIFORNIA)

CARLA SCARSELLA
DEPUTY GENERAL COUNSEL
PACIFICORP
825 NE MULTNOMAH ST, STE 2000
PORTLAND, OR 97232

JAMES INGRAM

TIMOTHY LYONS

10/8/24, 7:53 AM

CPUC - Service Lists - R1807005

PACIFICORP
825 NE MULTNOMAH, SUITE 2000
PORTLAND, OR 97232

ATTORNEY
BEST BEST & KRIEGER LLP
360 SW BOND STREET, STE. 400
BEND, OR 97702

[TOP OF PAGE](#)

[BACK TO INDEX OF SERVICE LISTS](#)



ADVICE LETTER SUMMARY

ENERGY UTILITY



MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No.: Liberty Utilities (CalPeco Electric) LLC (U-933 E)

Utility type:

- ELC GAS WATER
 PLC HEAT

Contact Person: Elly D'Oherty

Phone #: 530-807-8987

E-mail: Elly.Odoherty@libertyutilities.com

E-mail Disposition Notice to: AnnMarie.Sanchez@libertyutilities.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas WATER = Water
 PLC = Pipeline HEAT = Heat

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 249-E

Tier Designation: 1

Subject of AL: Revisions to Liberty's Medical Baseline Program Recertification Requirements

Keywords (choose from CPUC listing): Forms

AL Type: Monthly Quarterly Annual One-Time Other:

If AL submitted in compliance with a Commission order, indicate relevant Decision/Resolution #: D.22-11-033

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL: N/A

Summarize differences between the AL and the prior withdrawn or rejected AL: N/A

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date: 10/8/24

No. of tariff sheets: 0

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: N/A

Service affected and changes proposed¹: see advice letter

Pending advice letters that revise the same tariff sheets: N/A

¹Discuss in AL if more space is needed.

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this submittal, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name: Elly D'Oherty
Title: Manager, Rates and Regulatory Affairs
Utility Name: Liberty Utilities (CalPeco Electric) LLC
Address: 9750 Washburn Road
City: Downey State: California
Telephone (xxx) xxx-xxxx: 530-807-8987
Facsimile (xxx) xxx-xxxx:
Email: Elly.Odoherty@libertyutilities.com

Name: AnnMarie Sanchez
Title: Coordinator
Utility Name: Liberty Utilities (California)
Address: 9750 Washburn Road
City: Downey State: California
Telephone (xxx) xxx-xxxx: 562-805-2052
Facsimile (xxx) xxx-xxxx:
Email: AnnMarie.Sanchez@libertyutilities.com

Clear Form

ENERGY Advice Letter Keywords

Affiliate	Direct Access	Preliminary Statement
Agreements	Disconnect Service	Procurement
Agriculture	ECAC / Energy Cost Adjustment	Qualifying Facility
Avoided Cost	EOR / Enhanced Oil Recovery	Rebates
Balancing Account	Energy Charge	Refunds
Baseline	Energy Efficiency	Reliability
Bilingual	Establish Service	Re-MAT/Bio-MAT
Billings	Expand Service Area	Revenue Allocation
Bioenergy	Forms	Rule 21
Brokerage Fees	Franchise Fee / User Tax	Rules
CARE	G.O. 131-D	Section 851
CPUC Reimbursement Fee	GRC / General Rate Case	Self Generation
Capacity	Hazardous Waste	Service Area Map
Cogeneration	Increase Rates	Service Outage
Compliance	Interruptible Service	Solar
Conditions of Service	Interutility Transportation	Standby Service
Connection	LIEE / Low-Income Energy Efficiency	Storage
Conservation	LIRA / Low-Income Ratepayer Assistance	Street Lights
Consolidate Tariffs	Late Payment Charge	Surcharges
Contracts	Line Extensions	Tariffs
Core	Memorandum Account	Taxes
Credit	Metered Energy Efficiency	Text Changes
Curtable Service	Metering	Transformer
Customer Charge	Mobile Home Parks	Transition Cost
Customer Owned Generation	Name Change	Transmission Lines
Decrease Rates	Non-Core	Transportation Electrification
Demand Charge	Non-firm Service Contracts	Transportation Rates
Demand Side Fund	Nuclear	Undergrounding
Demand Side Management	Oil Pipelines	Voltage Discount
Demand Side Response	PBR / Performance Based Ratemaking	Wind Power
Deposits	Portfolio	Withdrawal of Service
Depreciation	Power Lines	