

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
California Air Resources Board			
Division, Department, or Region (if applicable) Executive Office - Legal Office			
Street Address 1001 I Street, Sacramento, CA 95814			
Area Code/Phone Number 916-445-6426	Email victoria.davis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Victoria Davis, Senior Attorney		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other DEPARTMENT OF ENERGY

\_\_\_\_\_ Last Name First Name Name

15013 Denver West Parkway, MS 200 Golden CO 80401

Address City State Zip Code

NATIONAL RENEWABLE ENERGY LABORATORY, FEDERAL AGENCY

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

Livermore, CA Location of Travel March 5-7, 2016 Dates (month, day, year)

Enterprise Rental Car Transportation Provider  Rail  Air  Bus  Auto  Other Hilton Garden Inn Name of Lodging Facility

Check Applicable Boxes

\$ 390.64 \$ 160.00 \$ \_\_\_\_\_ \$ 142.53 \$ 693.17

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.

Participating in advisory discussion with the U.S. Dept of Energy's Fuel Cell Technologies Office regarding widespread commercialization of hydrogen and fuel cell technologies.

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

Dunwoody	Catherine	Chief, Fuel Cell Program	ARB/Executive Office
_____	_____	_____	_____
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

Richard W. Gray  
Print Name

EXECUTIVE OFFICER  
Title

\_\_\_\_\_  
(month, day, year)

Comment: Other expenses include: incidentals, gasoline, rental car, bridge toll

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

