

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California Form 801 For Official Use Only

1. Agency Name
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
Agency Contact (name and title)
Victoria Davis, Senior Attorney
Date Stamp
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other NESCAUM
89 South Street, Suite 602 Boston MA 02111
Northeast States for Coordinated Air Use Management-a 501(c)(3) association of air quality agencies in the Northeast

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
New York City, NY March 20-25, 2016
American Airlines/United Airlines Rail Air Bus Auto Other Courtyard Manhattan
\$ 1,320.89 \$ 324.50 \$ 798.20 \$ 181.63 \$ 2,625.22
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.
Participate in ZEV State MOU coordination meeting and meetings with automakers regarding ZEV implementation

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

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Print Name Title (month, day, year)

Comment: Other expenses include: incidentals, baggage fees, taxi, metro, auto mileage
(Use this space or an attachment for any additional information)

