

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name AIR RESOURCES BOARD		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) EXECUTIVE 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 STAFF COUNSEL		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other FUELS INSTITUTE

Last Name First Name Name

1600 Duke Street, Suite 700 Alexandria VA 22314
Address City State Zip Code

A non-profit research-oriented think tank evaluating market issues related to consumer vehicles & fuels that power them
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 \$ _____
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment INDIANAPOLIS, INDIANA SEPTEMBER 22-24, 2015
Location of Travel Dates (month, day, year)

SOUTHWEST AIRLINES Rail Air Bus Auto Other CONRAD INDIANAPOLIS
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 450.00 \$ _____ \$ 812.00 \$ _____ \$ 1,262.00
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.
Hydrogen Refueling Infrastructure Summit, organized by US Dept of Energy and Fuels Institute to evaluate what will be required to increase private investment in hydrogen infrastructure independent of government support.

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

<u>Dunwoody</u> Last Name	<u>Catherine</u> First Name	<u>Chief, Fuel Cell Program</u> Position/Title	<u>ARB/Executive Office</u> 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. Corey Executive Officer 10/08/15
Signature Print Name Title (month, day, year)

Comment: ARB paid per diem, ground transport, mileage
(Use this space or an attachment for any additional information)