

#12850

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Energy Commission Division, Department, or Region (if applicable) Commissioners Office / Small Offices Street Address 1516 9th Street Area Code/Phone Number Email (916) 654-5036 catherine.cross@energy.ca.gov Agency Contact (name and title) Catherine Cross, Administrative Assistant		Date Stamp <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 For Official Use Only
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2. Donor Name and Address

Individual _____ Other National Renewable Energy Laboratory

Last Name First Name Name
 15013 Denver West Parkway, MS RSF317 Golden CO 80401
 Address City State Zip Code

Renewable energy and energy efficiency research and development

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 Long Beach, CA November 4-5, 2019
 Location of Travel Dates (month, day, year)

Jet Blue and Southwest Rail Air Bus Auto Other Hyatt Regency Long Beach
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 209.00 \$ 52.00 \$ 186.00 \$ 106.00 \$ 553.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ 0.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

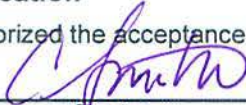
Commissioner Monahan will speak to the Hydrogen Technology Advisory Committee at the Department of Energy's Fuel Cell Technologies Office meeting. Her focus will be California's perspective on clean transportation, particularly hydrogen and fuel cell technologies.

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

<u>Monahan</u> Last Name	<u>Patty</u> First Name	<u>Commissioner</u> Position/Title	<u>Small Offices</u> Department/Division
<u>n/a</u> Last Name	<u></u> First Name	<u></u> Position/Title	<u></u> Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Courtney Smith Chief Deputy Director 2/4/20
 Signature Print Name Title (month, day, year)

Comment: Other is ground transportation
 (Use this space or an attachment for any additional information)

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