Gift to Agency Report  A Public Document

1. Agency Name
   Air Resources Board
   Division, Department, or Region (if applicable)
   Cal/EPA
   Street Address
   1001 I Street, Sacramento, CA 95814
   Area Code/Phone Number E-mail
   916-322-2884 vcdavis@arb.ca.gov
   Agency Contact (name and title)
   Victoria E. Davis, Senior Staff Counsel

2. Donor Name and Address
   □ Individual □ Other □ Sierra Health Foundation
   Last Name First Name
   1321 Garden Highway Sacramento
   Address City
   CA 95833 State Zip Code
   Non-profit foundation
   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) solicited or received by the donor for this gift:

   | Name | $ | Amount | Name | $ | Amount |

3. Payment Information
   Date and Amount of Payment (other than travel) 06/23/2011  $ 2160
   Travel Payment Information (Round to whole dollars): Location of Travel
   Date(s) of Travel Transportation Expenses $ $
   Lodging Expenses $ Meal Expenses $ Other Expenses
   $ $ $ Total Expenses
   Provide a specific description of the nature and use of the payment for official agency business:
   Use of conference space plus light refreshments

   Identify the officials for whom the payment was used:

   Friedman Judith Chief, Compliance Assist. ARB/MSCD
   Last Name First Name Title Department/Division
   Tavianini Mark Mgr, Compliance Assist. ARB/MSCD
   Last Name First Name Title Department/Division
   Et Al.

4. Verification
   I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.
   Signature of Agency Head or Designee James N. Goldstone Executive Officer
   Print Name Title
   Comment: (Use this space or an attachment for any additional information.)

   [Signature] [Print Name] [Title]
   (month, day, year)

FPPC Form 801 (June/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)