

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Air Resources Board		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1001 I Street, Sacramento, CA 95814			
Area Code/Phone Number 916-322-2884	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 Georgetown Climate Center

\_\_\_\_\_ Name \_\_\_\_\_  
 Last Name First Name  
Hall of States, Suite 422 444 N. Capitol Street Washington D.C. 20001  
 Address City State Zip Code

Part of Georgetown Law School

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** Washington, D.C. December 2-5, 2014  
 Location of Travel Dates (month, day, year)

United Airlines  Rail  Air  Bus  Auto  Other Hyatt Arlington & Phoenix Park  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 613.00 \$ 230.00 \$ 1,550.00 \$ 25.00 \$ 2,418.00  
 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.

Conference with federal, state, NGO, and power company entities relating to implementation of USEPA's Clean Power Plan.

Note: ARB paid \$205.00 of the travel expenses.

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

<u>Segall</u>	<u>Craig</u>	<u>Senior Staff Counsel</u>	<u>Office of Legal Affairs</u>
_____	_____	_____	_____
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. Corey Executive Officer 2/18/2015  
 Signature Print Name Title (month, day, year)

Comment:

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

