

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California 801 Form For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Victoria Davis, Senior Attorney		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Georgetown Climate Center

_____ Last Name First Name Name
600 New Jersey Avenue, NW Washington DC 20001
Address City State Zip Code

Georgetown Climate Center works to strengthen state & federal climate change partnerships.

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. March 7-9, 2016
Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Hyatt Regency Washington
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>900.00</u>	\$ <u>160.00</u>	\$ <u>880.20</u>	\$ <u>91.06</u>	\$ <u>2,031.26</u>
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.

Speak at Transportation and Climate Initiative: Market-Based Policies Strategic Leadership Group; also a meeting of like-minded states developing approaches for the state plans under the Clean Power Plan.

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

<u>Gibbs</u>	<u>Michael</u>	<u>Asst. Executive Officer</u>	<u>ARB/Executive Office</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. Gray EXECUTIVE OFFICER _____
Signature Print Name Title (month, day, year)

Comment: Other expenses include: bus fare, parking, rapid transit, mileage

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

