

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 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 Staff Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Georgetown Climate Center

600 New Jersey Avenue Washington DC DC 20001

Address City State Zip Code

University; Georgetown Climate Center seeks to advance climate, energy, and transportation policies in the U.S.

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 08-11, 2015

Location of Travel Dates (month, day, year)

Southwest Airlines, United Airlines Rail Air Bus Auto Other Phoenix Park Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 498.00 \$ 53.21 \$ 813.74 \$ 1,364.95

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 1,364.95

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 \$ 174.00

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

Segall	Craig	Senior Attorney	Legal Office
_____	_____	_____	_____
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 5/26/15

Signature Print Name Title (month, day, year)

Comment:

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

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