

**Gift to Agency Report**

**A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY Division, Department, or Region (if applicable) AIR RESOURCES BOARD (ARB) Street Address 1001 I Street, PO Box 2815 Area Code/Phone Number 916-445-5507 E-mail cnagy@arb.ca.gov Agency Contact (name and title) Claudia Nagy, Staff Counsel		Date Stamp     <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	<b>California 801</b> <b>Form</b> For Official Use Only
---	--	---	---

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other The World Bank

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1818 H Street N.W. Washington DC 20433  
 Address City State Zip Code

bank, grants financing for the design and implementation of market based mechanisms for greenhouse gas reduction  
 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) 3/12-13, 2012 \$ \_\_\_\_\_  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Shenzhen, China

<u>March 9-March 14</u>	\$ <u>1,573</u>	\$ <u>690</u>	\$ <u>287</u>	\$ <u>289</u>	\$ <u>2,839</u>
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:**

This was an invitation to ARB to participate in a two day workshop on domestic emissions trading schemes sponsored by the World Bank's Partnership for Market Readiness. The workshop took place in China, March 12-13, 2012. The invitation was extended to ARB, and ARB designated Mr. Fletcher to attend.

**Identify the officials for whom the payment was used:**

<u>Fletcher</u>	<u>Bob</u>	<u>Senior Advisor</u>	<u>ARB</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

**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.

 James Goldstene Executive Officer 3/15/13  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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