

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Air Resources Board		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1001 I Street, Sacramento, California 95814			
Area Code/Phone Number 916-445-6426	Email vdavis@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 University

_____ Last Name _____ First Name _____ Name _____

3700 O Street _____ Washington _____ D.C. 20057

Address _____ City _____ State _____ Zip Code _____

University _____

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. October 26-30, 2013

_____ Location of Travel _____ Dates (month, day, year) _____

Southwest Airlines, City Cab Rail Air Bus Auto Other _____

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ \$ _____ \$ 1,253.09 \$ _____ \$ _____

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.

Transportation for Staff Counsel to participate in Climate Change Seminar in Washington, D.C.

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

<u>Segall</u>	<u>Craig</u>	<u>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 _____ Barbara W. Cory Print Name _____ Executive Officer Title _____ 7/15/2014 (month, day, year)

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

