

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 Edison Electric Institute

_____ Last Name _____ First Name _____ Name _____

701 Pennsylvania Ave NW Washington D.C. 20004

Address City State Zip Code

Association that represents all U.S. investor-owned electric companies

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. January 29-31, 2014

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 240.00 \$ _____ \$ 540.00 \$ _____ \$ 780.00

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.

Transportation for Staff Counsel to participate in EEI-ABA-ELI Climate Conference in Washington, D.C.

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

Segall	Craig	Staff Counsel	Office of Legal Affairs
_____	_____	_____	_____
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 V. Gony
Print Name

Executive Officer
Title

3/15/2014
(month, day, year)

Comment:

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