

Gift to Agency Report

A Public Document

GIFT 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			
Area Code/Phone Number 916-322-2884	E-mail vdavis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Victoria E. Davis, Senior Staff Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other World Bank

_____ Last Name First Name Name

1818 H St NW Washington, D.C. 20433

Address City State Zip Code

international financing and anti-poverty agency

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) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

<u>June 30-July 4, 2012</u>	\$ <u>2391.07</u>	\$ <u>293.06</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:

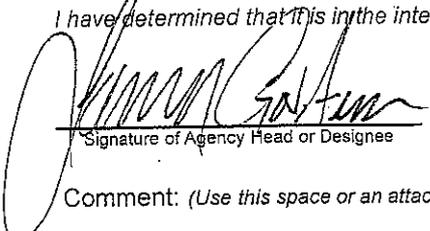
Staff Counsel Jason Gray represented ARB at workshop on international forestry issues.

Identify the officials for whom the payment was used:

<u>Gray</u>	<u>Jason</u>	<u>Staff Counsel</u>	<u>Office of Legal Affairs</u>
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that this is in the interests of the agency to accept this gift and use it for the official agency business described above.

 _____ James N. Goldstene Executive Officer _____ 3-21-2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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