

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Air Resources Board		Date Stamp	<b>California Form 801</b> 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Victoria Davis, Senior Attorney			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Center for New Energy Economy (CNEE)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

475 17th Street \_\_\_\_\_ Denver \_\_\_\_\_ CO \_\_\_\_\_ 80202

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Privately-funded initiative led by Governor Ritter, Jr. and assisted by a team of energy and environmental policy experts.  
 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** Salt Lake City, Utah April 4-5, 2016

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

Southwest Airlines  Rail  Air  Bus  Auto  Other Hilton Salt Lake City Center

Transportation Provider \_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

\$ 167.78 \$ \_\_\_\_\_ \$ 477.43 \$ \_\_\_\_\_ \$ 654.21

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.  
 Travel to Salt Lake City, Utah to participate in panel discussion at CNEE's meeting with western states on April 5, 2016.

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

<u>Chang</u>	<u>Edith</u>	<u>Deputy Executive Officer</u>	<u>ARB/Executive Office</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] Richard W. Gray EXECUTIVE OFFICER \_\_\_\_\_

Signature Print Name Title (month, day, year)

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

