

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 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		
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Western Interstate Energy Board (WIEB)

_____ Last Name First Name _____ Name
 1600 Broadway, Suite 1700 Denver CO 80202
 Address City State Zip Code

It's an organization of 11 western states and 3 western Canadian provinces, which seeks cooperation in the energy field.
 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 San Diego, CA April 06-07, 2015

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

Southwest Airlines Rail Air Bus Auto Other Omni Hotels & Resorts

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

\$ 159.84 \$ 50.00 \$ _____ \$ 289.00 \$ 498.84

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.
 Payment is to cover Mr. Segall's trip to the WIEB meeting which was related to 111(d) compliance and multi-state/regional compliance strategies. CARB's participation at this event was important to represent California's advanced strategies to the other members of this meeting. Note: ARB paid \$7.

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

<u>Segall</u>	<u>Craig</u>	<u>Senior Attorney</u>	<u>Legal 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 Corey Executive Officer June 16, 2015

Signature Print Name Title (month, day, year)

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

