

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, Sacramento, 95814			
Area Code/Phone Number 916-322-2884	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel			

2. Donor Name and Address

Individual _____ Other The Climate Registry

Last Name: _____ First Name: _____ Name: _____
 523 W. Sixth Street, Suite 445 Los Angeles CA 90014
 Address City State Zip Code

Non-profit that sets consistent & transparent standards to calculate, verify and publicly report greenhouse gas emissions
 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 Durban, South Africa

Dec. 1-Dec. 14, 2011 \$ 8522 \$ 1120 \$ _____ \$ _____ \$ _____
 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:

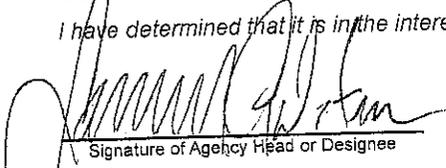
Chairman Nichols represented California during the international climate conference at the request of the U.S. State Department. They presented California's greenhouse gas and other air pollution emission reduction strategies and regulations to governmental and nongovernmental organizations interested in emulating California's regulations.

Identify the officials for whom the payment was used:

Nichols	Mary	ARB Chairman	Air Resources Board
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

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


 Signature of Agency Head or Designee

James N. Goldstone
 Print Name

Executive Officer
 Title

4-13-12
 (month, day, year)

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