

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Air Resources Board		Date Stamp	California 801 Form For Official Use Only.
Division, Department, or Region (if applicable)			
Street Address 1001 I Street, Sacramento, 95814		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 916-322-2884	E-mail		
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel			

2. Donor Name and Address

Individual _____ Other Climate Action Reserve

Last Name: _____ First Name: _____ Name: _____
 Address: 523 W. Sixth Street, Suite 428 City: Los Angeles State: CA Zip Code: 90014

Non-profit founded to insure integrity, value and transparency in carbon market
 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

<u>Dec. 1-Dec. 11, 2011</u>	\$ <u>3040</u>	\$ <u>782</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:

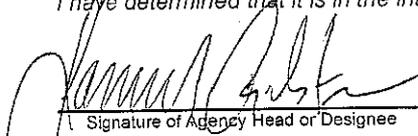
Mr. Gray assisted ARB Chairman Mary Nichols in representing California during the international climate conference. They presented California's greenhouse gas and other air pollution emission reduction strategies and regulations to governmental and nongovernmental organizations interested in emulating California's regulations.

Identify the officials for whom the payment was used:

<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 it is in the interests of the agency to accept this gift and use it for the official agency business described above.


James N. Cowart EXECUTIVE OFFICER 4-13-12
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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