

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California 801 Form 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 WESTAR

_____ Last Name First Name Name
3 Caliente Rd #8 Santa Fe NM 87508
 Address City State Zip Code

Western States Air Resources Council is comprised of 15 states in western U.S. addressing regional air quality issues.

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:

<u>U.S. EPA (planning grants)</u>	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Incline Village April 19-20, 2016

Location of Travel Dates (month, day, year)

Enterprise Rental Car Rail Air Bus Auto Other Hyatt Regency

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>113.00</u>	\$ <u>64.00</u>	\$ <u>110.00</u>	\$ <u>46.00</u>	\$ <u>333.00</u>
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 WESTAR Council Business Meeting regarding various air quality regulatory and regional planning issues with western states, tribes, Federal Land Managers, U.S. Environmental Protection Agency; WESTAR reimburses ARB for car rental and ARB attendee for other travel expenses.

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

<u>Suarez-Murias</u>	<u>Christine</u>	<u>Air Pollution Specialist</u>	<u>CARB/AQPSD</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 _____ Print Name Richard W. Day _____ Title Executive Officer _____ (month, day, year) 6/27/2016

Comment: \$110 paid directly to agency; \$223 paid to reimburse employee
 (Use this space or an attachment for any additional information)

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