

Payment to Agency Report

A Public Document

PAYMENT 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, CA 95814			
Area Code/Phone Number 916-322-2884	Email victoria.davis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Victoria E. Davis, Senior Staff Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Nat. Assn. Clean Air Agencies

_____ Last Name First Name _____ Name
 444 North Capitol Street, NW - Suite 307 Washington D.C. 20001
 Address City State Zip Code

Association of state/local air pollution control agencies

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 Washington, D.C. April 21-24, 2014
 Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 750.00	\$ 120.00	\$ 1,350.00	\$ 200.00	\$ 2,420.00
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.

Meetings w/ USEPA and high-level White House staff re: Clean Air Act, national carbon pollution standards.

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

Segall	Craig	Staff Counsel	Office of Legal Affairs
_____	_____	_____	_____
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 Executive Officer Title 3/23/2015 (month, day, year)

Comment: ARB paid \$320 of the \$2420.00

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

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