

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name AIR RESOURCES BOARD		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) EXECUTIVE OFFICE			
Street Address 1001 I STREET, SACRAMENTO CA			
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 STAFF COUNSEL			

2. Donor Name and Address

Individual _____ Other Climate Action Reserve

Last Name: _____ First Name: _____ Name: _____
 Address: 601 West 5th Street City: Los Angeles State: CA Zip Code: 90071

Carbon offset registry for the N. American carbon market; ensures integrity, transparency and financial value

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 May 4-6, 2016

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

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____	Name of Lodging Facility: _____
\$ _____	\$ _____
Lodging Expenses	Total Expenses
\$ 36.00	\$ 595.00
Meal Expenses	
\$ _____	\$ 559.00
Transportation Expenses	Other 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.
 Speaker at the Navigating the Carbon World 2016 in San Diego, CA. Registration and 2 days meals.

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

Gibbs	Michael	Asst. Executive Officer	ARB/Executive Office
_____	_____	_____	_____
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.

	<u>Richard Wray</u>	<u>Executive Officer</u>	<u>6/27/2016</u>
Signature	Print Name	Title	(month, day, year)

Comment: Registration Fee & meals included together

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