

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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel			

2. Donor Name and Address

Individual _____ Other Environmental Defense Fund, Energy Fdtn.

Last Name First Name Name
 257 Park Avenue South/301 Battery St. 5th Fl. New York/San Francisco 94111 NY/CA 10010
 Address City State Zip Code
 Environmental interest advocates, non-profit group (EDF); Sustainable Energy advocates foundation (EF)
 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 Shenzen, China June 8-13, 2014

Location of Travel Dates (month, day, year)

Cathay Pacific Airlines Rail Air Bus Auto Other Crowne Plaza Shenzhen

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,320.00	\$ 675.00	\$ 1,975.80	\$ _____	\$ 4,110.80
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.

National Development and Reform Commission, Low Carbon Day

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

Gibbs	Michael	Asst. Executive Officer	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.

_____ _____ Executive Officer 3/23/2015
 Signature Print Name Title (month, day, year)

Comment: Payment split evenly between EDF and EF.

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

