

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 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		
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Governors' Climate and Forests Task Force

Last Name: _____ First Name: _____ Name: _____
 Address: 401 UCB, 2450 Kittredge Loop Road City: Boulder State: CO Zip Code: 80309

A subnational collaboration between 29 states and provinces that seeks to advance programs to promote low emissions.
 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 Barcelona, Spain June 13-19, 2015

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

US Airways Rail Air Bus Auto Other
 Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ <u>960.00</u>	\$ <u>507.50</u>	\$ <u>2,068.80</u>	\$ <u>200.00</u>	\$ <u>3,736.30</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: _____

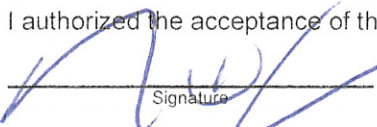
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Payment is to cover Mr. Gray's trip to the Governors' Climate and Forests (GCF) Task Force annual meeting in Barcelona, Spain.

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

<u>Gray</u>	<u>Jason</u>	<u>Air Res. Supervisor I</u>	<u>Industrial Strategies Div.</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.

 Richard W. Corey Executive Officer 12-09-15
 Signature Print Name Title (month, day, year)

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

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