

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> California Air Resources Board		Date Stamp	<b>California Form 801</b> 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)	
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Georgetown Climate Center (GCC)

Last Name First Name Name  
600 New Jersey Avenue Washington DC DC 20001  
Address City State Zip Code

University; Georgetown Climate Center seeks to advance climate, energy, and transportation policies in the U.S.

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

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

**3.1 (a) Travel Payment** Washington, D.C. July 11-14, 2015  
Location of Travel Dates (month, day, year)

Delta Airlines; United Airlines  Rail  Air  Bus  Auto  Other Marriott- Fairfield Inn & Suites  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 319.00 \$ 8.83 \$ 897.42 \$ \_\_\_\_\_ \$ 1,225.25  
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. Segall's trip to Washington DC for the GCC meeting with the White House's Office of Management & Budget, regarding 111(d) compliance and multi-state/regional compliance strategies. Note: ARB paid an additional \$ 53.

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

Segall	Craig	Senior Attorney	Legal 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.

\_\_\_\_\_  
Signature Print Name Title (month, day, year)

Comment:

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

