

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Air Resources Board		Date Stamp	<b>California Form 801</b> 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 Center for the New Energy Economy

Colorado State University Fort Collins CO 80523

Address City State Zip Code

part of Colorado State University

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 Denver/Ft. Collins, CO July 16-17, 2014

Southwest Airlines  Rail  Air  Bus  Auto  Other Westin Hotel

Check Applicable Boxes Name of Lodging Facility

\$ 228.35 \$ 164.00 \$ 614.20 \$ 89.00 \$ 1,095.55

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.

Meeting of western states group re: federal power plant carbon dioxide 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 Director  
Title

3/23/2011  
(month, day, year)

Comment: ARB paid \$112

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

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