

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

2. Donor Name and Address

Individual \_\_\_\_\_  Other Georgetown Climate Center/DOE grant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 600 New Jersey Ave. N.W. City: Washington State: D.C. Zip Code: 20001

an affiliate of Georgetown University Law Center

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** Washington, D.C. July 27-31, 2014

Location of Travel: \_\_\_\_\_ Dates (month, day, year): \_\_\_\_\_

Transportation Provider: United Airlines  Rail  Air  Bus  Auto  Other Churchill Hotel  
 Check Applicable Boxes Name of Lodging Facility

\$ <u>902.24</u>	\$ <u>160.00</u>	\$ <u>652.00</u>	\$ <u>50.00</u>	\$ <u>1,764.24</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.

Meeting of multi-state group re: federal power plant carbon standards.

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

<u>Segall</u>	<u>Craig</u>	<u>Staff Counsel</u>	<u>Office of Legal Affairs</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.

Signature: [Signature] Print Name: Executive Officer Title: Executive Officer Date: 7/23/2014  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: ARB paid \$348

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

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