

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Air Resources Board		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Cal/EPA			
Street Address 1001 I Street, Sacramento CA 95814			
Area Code/Phone Number 916-322-2884	E-mail vdavis@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 Sierra Health Foundation

_____ Last Name First Name Name
1321 Garden Highway Sacramento CA 95833
Address City State Zip Code

Non-profit foundation
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) solicited or received by the donor for this gift:
_____\$ _____ \$ _____
Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 08/23/2011 \$ 2160
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Use of conference space plus light refreshments

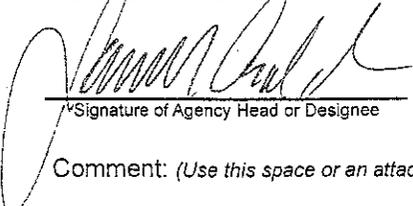
Identify the officials for whom the payment was used:

<u>Friedman</u> Last Name	<u>Judith</u> First Name	<u>Chief, Compliance Assist.</u> Title	<u>ARB/MSCD</u> Department/Division
<u>Tavianini</u> Last Name	<u>Mark</u> First Name	<u>Mgr, Compliance Assist.</u> Title	<u>ARB/MSCD</u> Department/Division

ET AL.

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 _____
Signature of Agency Head or Designee Print Name Executive Officer Title 8-23-2011
(month, day, year)

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