

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		
Agency Contact (name and title)		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Center for the New Energy Economy (CNEE)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 475 17th Street, Ste. 450 Denver CO 80202  
 Address City State Zip Code

University; CNEE provides policy makers with roadmap to accelerate nationwide development of a new energy economy  
 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, CO      September 9-10, 2015

Location of Travel      Dates (month, day, year)  
 United Airlines       Rail       Air       Bus       Auto       Other      Sheraton Denver Downtown  
 Transportation Provider      Check Applicable Boxes      Name of Lodging Facility

\$ 221.04      \$ \_\_\_\_\_      \$ 284.20      \$ \_\_\_\_\_      \$ 505.24  
 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 (lodging & airfare) to Denver, CO for the CNEE meeting with Western state environmental and air quality officials, energy officials, utility representatives, key stakeholder organizations, and U.S. EPA to discuss final rule on EPA's Clean Power Plan.

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.


 Richard W. Corey      Executive Officer      10/08/15  
 Signature      Print Name      Title      (month, day, year)

Comment: ARB paid per diem, airport parking, rental car, and mileage to airport (total of \$128.50)

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