

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name AIR RESOURCES BOARD		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) EXECUTIVE OFFICE			
Street Address 1001 I STREET			
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 Meridian Institute

PO Box 1829 105 Village Place Dillon CO 80435

Address City State Zip Code

not-for-profit org. that facilitates processes incl. site-specific dispute resolutions, nat'l policy dialogues, & int'l negotiations

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 GLENEDEN BEACH, OREGON SEPTEMBER 24-25, 2015

ALASKA AIRLINES Rail Air Bus Auto Other SALISHAN RESORT

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 231.00 \$ 82.00 \$ 513.00 \$ 165.00 \$ 991.00

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.

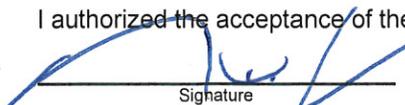
Northwest Legislators Climate Policy Forum: Oregon Convening

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

GIBBS	MICHAEL	ASST EXEC OFFICER	ARB/EXEC 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 10-20-15

Signature Print Name Title (month, day, year)

Comment: rental car, mileage, parking

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