

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 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	<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 Northern Arizona University (NAU)

_____ Last Name First Name Name

P.O. Box 15004 Flagstaff AZ 86011

Address City State Zip Code

The NAU is an academic institution

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

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Las Vegas, NV October 19-21, 2015

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 241.92 \$ 426.97 \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \$ 668.89

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. Gallenstein's trip to EPA's/NAU's meeting October 20-21, 2015 which was related to the Clean Power Plan and its implications for Tribal Nations. CARB's participation at this event was important to represent California's advanced strategies to the other members of this mtg.

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

Gallenstein Chris Staff Air Pollution Specialist Industrial Strategies Div.

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 11/30/2015

Signature Print Name Title (month, day, year)

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

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