

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		
Agency Contact (name and title) Victoria Davis, Senior Attorney		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 03/23/16 <small>(month, day, year)</small>	

2. Donor Name and Address

Individual _____ Other WESTAR

Last Name First Name Name

3 Caliente Rd #8 Santa Fe NM 87508

Address City State Zip Code

Western States Air Resources Council is comprised of 15 states in western U.S. addressing regional air quality issues.

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:

<u>U.S. EPA (planning grants)</u>	\$ _____	<u>CA Air Resources Board (pass through)</u>	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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

3.1 (a) Travel Payment Santa Fe, New Mexico October 21-23, 2016

Location of Travel Dates (month, day, year)

Commercial Airline/Shuttle Van Rail Air Bus Auto Other Drury Plaza Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>205.00</u>	\$ <u>104.00</u>	\$ <u>848.00</u>	\$ _____	\$ <u>1,157.00</u>
<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Transportation Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

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.

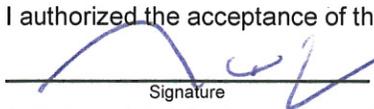
Travel for WESTAR Planning Committee meeting to lead discussion of changes to Regional Haze Rule affecting all 15 western state members and to assist outgoing Chair, as Co-Chair, in transition to new responsibilities leading the Committee. WESTAR reimburses ARB for airfare and ARB

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

<u>Suarez-Murias</u>	<u>Christine</u>	<u>Air Pollution Specialist</u>	<u>CARB/AQPSD</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Richard Wilcox EXECUTIVE OFFICER _____

Signature Print Name Title (month, day, year)

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

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