

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 Staff Counsel | | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Western Interstate Energy Board (WIEB)

Last Name: _____ First Name: _____ Name: _____
 1600 Broadway, Suite 1700 Denver CO 80202
 Address City State Zip Code

It's an organization of 11 western states and 3 western Canadian provinces, which seeks cooperation in the energy field.

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 San Diego, CA October 28, 2015

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 23.00 \$ 265.43 \$ _____ \$ 288.43

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 to the WIEB meeting in October 2015 which was related to 111 (d) compliance and multi-state/regional compliance strategies. CARB's participation at this event was important to represent California's advanced strategies to the other members of this meeting.

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.


 Signature Richard W. Corey Print Name Executive Officer Title 11/17/15 (month, day, year)

Comment:

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