

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (916) 445-6426	Email victoria.davis@arb.ca.gov		
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel			

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 Scottsdale, AZ November 03, 2015

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 327.96 \$ _____ \$ 327.96

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.

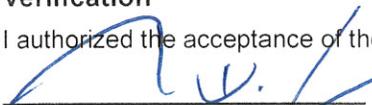
Payment is to cover Mr. Segall's airfare to Phoenix, AZ for the CNEE Western States Clean Power Plan Initiative Meeting in Scottsdale, AZ November 03, 2015. Note: ARB covered additional travel expenses, see comment below.

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 12-16-15
 Signature Print Name Title (month, day, year)

Comment: ARB paid per diem, airport parking, and rental car costs (total of \$85.98)

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

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