

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)			
Street Address 1001 I Street, Sacramento CA 95814			
Area Code/Phone Number 916-322-2884	Email victoria.davis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel			

2. Donor Name and Address

Individual _____ Other Meridian Institute

Last Name: _____ First Name: _____ Name: _____
 1800 M Street, NW, Suite 400N Washington D.C. 20036
 Address City State Zip Code
 collaborative process designer

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 _____ \$ _____
 Name Amount Name Amount

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

3.1 (a) Travel Payment Leavenworth, Washington December 7-8, 2014
 Location of Travel Dates (month, day, year)

Alaska Airlines Rail Air Bus Auto Other Sleeping Lady Resort
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 150.00 \$ 90.00 \$ 826.65 \$ _____ \$ 1,066.65
 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

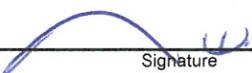
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Northwest Legislators Climate Policy Forum

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

<u>Gibbs</u>	<u>Michael</u>	<u>Asst. Executive Officer</u>	<u>Executive Office</u>
_____	_____	_____	_____
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.

 Michael Asst. Executive Officer 3/23/2015
 Signature Print Name Title (month, day, year)

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

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