

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Environmental Protection Agency		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Air Resources Board			
Street Address 1001 "I" Street, Sacramento, CA 95814			
Area Code/Phone Number 916) 445-1789	Email zoe.dabney@arb.ca.gov		
Agency Contact (name and title) Zoe Dabney, Office Technician		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other CA Air Pollution Control Officers Association

Last Name: _____ First Name: _____ Name: _____
 1107 9th Street, Suite 1005 Sacramento CA 95814
 Address City State Zip Code

Nonprofit association representing all thirty-five local air quality agencies throughout California.

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

Location of Travel: _____ Dates (month, day, year): _____

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

2/8/2018 \$ 1,000.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The payment paid for cake for ARB employees and the public at the February 8th, 2018 Board meeting celebrating the Haagen-Smit Clean Air Awards and ARB's 50th anniversary.

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

open to all agency employees

_____	_____	_____	_____
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:  Print Name: Richard W. Corey Title: Executive Officer
 Date: 2/20/18 (month, day, year)

Comment:

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

Clear Page