Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

California Environmental Protection Agency

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

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other CA Air Pollution Control Officers Association (Name)

1107 9th Street, Suite 1005 (Address) | Sacramento (City) | CA (State) | 95814 (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))

_____ (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (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 (Dates (month, day, year)) $ 1,000.00 (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

4. Verification

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

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

Comment:

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

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