

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 Air Resources Board
 Division, Department, or Region (if applicable)
 Street Address
 1001 I St., Sacramento 95814
 Area Code/Phone Number | Email
 916-322-2884 | victoria.davis@arb.ca.gov
 Agency Contact (name and title)
 Victoria Davis, Senior Attorney

Date Stamp
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

California Form 801
 For Official Use Only

2. Donor Name and Address

Individual _____ Other Inspection & Maintenance Solutions
 Last Name First Name Name

Address City State Zip Code

Non-profit collaborative of states that conduct inspection and maintenance programs for motor vehicles

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 Virginia Beach, VA May 17-20, 2015
 Location of Travel Dates (month, day, year)

U.S. Airways Transportation Provider Rail Air Bus Auto Other Sheraton Name of Lodging Facility
 Check Applicable Boxes
 \$ 640.00 \$ 87.00 \$ 571.00 \$ 155.00 \$ 1,453.00
 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.

ARB Staff Air Pollution Specialist attended forum to speak on subject of ARB's On-Board Diagnostic System program for motor vehicles.

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

Lyons Allen Staff Air Pollution Specialist ECARS
 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
 _____ (month, day, year)

Comment:

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

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