

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Air Resources Board		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Executive Office			
Street Address 1001 I Street, Sacramento CA 95814			
Area Code/Phone Number 916-445-6426	Email victoria.davis@arb.ca.gov		
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Committee of Vehicle Emission Control

\_\_\_\_\_ Last Name First Name Name

P.O. Box 59 Tianjin, China 300162

Address City State Zip Code

A non-profit organization to control vehicle emissions and promote sustainable development of the auto industry in China

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 Beijing, China 9/6-9/10, 2015

Location of Travel Dates (month, day, year)

Hainan Airlines  Rail  Air  Bus  Auto  Other Beijing Asia Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>774.00</u>	\$ <u>476.00</u>	\$ <u>1,565.00</u>	\$ <u>0.00</u>	\$ <u>2,815.00</u>
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.

Cover all travel expenses for an ARB senior manager to engage in discussion with the Asian vehicle emission control manufacturers and relevant Chinese authorities in Beijing, China.

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

<u>Huai</u>	<u>Tao</u>	<u>Branch Chief/ARS II</u>	<u>ARB/MLD</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.

[Signature] Richard W. Corey Executive Officer 2-23-2016

Signature Print Name Title (month, day, year)

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

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