

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Air Resources Board		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Executive Office - Legal Office			
Street Address 1001 "I" Street, Sacramento, CA 95814			
Area Code/Phone Number 916-445-6426	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 Attorney			

2. Donor Name and Address

Individual _____ Other SAE International

Last Name: _____ First Name: _____ Name: _____
 400 Commonwealth Drive Warrendale PA 15096
 Address City State Zip Code

SAE sets technical standards and coordinates research in aerospace, automotive, and commercial-vehicle industries.

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

Mesa, Arizona Location of Travel 10/17/2016-10/20/2016 Dates (month, day, year)

Southwest Airlines Transportation Provider Rail Air Bus Auto Other Sheraton Mesa Hotel Name of Lodging Facility

Check Applicable Boxes

\$ 0.00	\$ _____	\$ 579.76	\$ _____	\$ 579.76
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.

Payment covers travel to attend SAE Thermal Management Systems Symposium as presenter and event organizer. SAE is a key stakeholder and ARB regulations reference many SAE standards. Lodging at a complimentary room provided by Sheraton to SAE incurred no cost to SAE or ARB.

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

Zhan	Tao	Air Resources Engineer	ARB/Research Division
_____	_____	_____	_____
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.


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

Comment:

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