

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

Individual Other Integer Research Ltd.
Last Name First Name Name
Invicta House, 108-114 Golden Lane London, EC1Y 0TL, UK
Address City State Zip Code
Consulting firm on transport and emissions, organizer of the: "9th Integer Emissions Summit & DEF Forum USA 2016."
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
Chicago, IL
October 24-27, 2016
Location of Travel Dates (month, day, year)
United Airlines
Transportation Provider
Check Applicable Boxes: Rail Air Bus Auto Other
Hilton Chicago
Name of Lodging Facility
Expenses: Lodging \$927.00, Meal \$164.00, Transportation \$283.06, Other \$0.00, Total \$1,374.06

3.1 (b) Payment(s) not related to travel:
n/a
Dates (month, day, year)
\$ 0.00
Total Expenses

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

Integer provided airline ticket and (3) nights lodging for 9th Integer Emissions Summit & DEF Forum USA 2016 to facilitate two ARB talks and a panel discussion on Mobile Source strategies and HD Low NOx activities in addition to being available for informal discussions with stakeholders.

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

Robertson William H. Vehicle Prog. Specialist Mobile Source Control Div.
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
Print Name Title (month, day, year)

Comment:

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