Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT
California Form 801
For Official Use Only

Date Stamp

1. Agency Name

Air Resources Board

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

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

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

2. Donor Name and Address

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

☑ Other Sensors, Inc. (Name)

6812 State Rd. (Address) | Saline (City) | MI (State) | 48176 (Zip Code)

One of major portable emissions measurement system (PEMS) manufacturers.

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

Novi, Michigan (Location of Travel) | 10/23-10/25, 2016 (Dates (month, day, year))

Southwest Airlines (Transportation Provider) | ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) | The Baronette Renaissance (Name of Lodging Facility)

$435.81	$0.00	$1,025.75	$0.00	$1,461.56
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 portable emissions measurement system (PEMS) manufacturers and receive feedback from equipment manufacturers, academics, and national and international PEMS users.

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

Last Name	First Name	Position/Title	Department/Division
Huai	Tao	Branch Chief/ARS II	ARB/MLD

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	

Comment:

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

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