

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> SANDAG		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) Finance			
Street Address 401 B Street San Diego CA 92101			
Area Code/Phone Number 6196991991	Email tessa.lero@sandag.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 10/17/17 (month, day, year)	
Agency Contact (name and title) Tessa Lero Clerk of the Board			

2. Donor Name and Address

Individual \_\_\_\_\_  Other \_\_\_\_\_

Last Name                      First Name                      Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**                      San Francisco CA                      August 2, 2017

Location of Travel                      Dates (month, day, year)

Southwest                       Rail                       Air                       Bus                       Auto                       Other

Transportation Provider                      Check Applicable Boxes                      Name of Lodging Facility

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ 645.02                      \$ 32.00                      \$ 677.02

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.

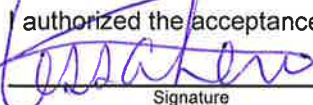
Employee travel to present at a CAMP Board meeting.

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

Douzdjian	Andre	Finance Director	Finance
_____	_____	_____	_____
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.

 \_\_\_\_\_ Tessa Lero                      Clerk of the Board                      10/17/17

Signature                      Print Name                      Title                      (month, day, year)

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

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1. Agency Name

SANDAG

Division, Department, or Region (if applicable)

Finance

Street Address

401 B Street San Diego CA 92101

Area Code/Phone Number

6196991991

Email

tessa.lero@sandag.org

Agency Contact (name and title)

Tessa Lero Clerk of the Board

Date Stamp

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Amendment (explain in comment section)

Date of Original Filing: 10/17/17 (month, day, year)

2. Donor Name and Address

Individual Last Name First Name Other Name

Address City State Zip Code

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

Harrisburg PA

August 9-11 2017

Location of Travel

Dates (month, day, year)

United

Transportation Provider

Rail Air Bus Auto Other

Check Applicable Boxes

Name of Lodging Facility

\$ 419.58

Lodging Expenses

\$ 74.95

Meal Expenses

\$ 1,092.63

Transportation Expenses

\$ Other Expenses

\$ 1,587.16

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.

Employee travel to present at a CAMP Board retreat.

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

Douzdjian

Last Name

Andre

First Name

Finance Director

Position/Title

Finance

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

Tessa Lero

Print Name

Clerk of the Board

Title

10/17/17

(month, day, year)

Comment:

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Agency Contact (name and title) Tessa Lero, Clerk of the Board			

2. Donor Name and Address

Individual \_\_\_\_\_  Other \_\_\_\_\_

Last Name                      First Name                      Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**      Washington DC      September 25-26, 2017

Location of Travel      Dates (month, day, year)

Southwest Airlines       Rail       Air       Bus       Auto       Other

Transportation Provider      Check Applicable Boxes      Name of Lodging Facility

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ 300.00      \$ \_\_\_\_\_      \$ 300.00

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.

Travel by employee to present at an AMPO travel modeling working group meeting.

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

<u>Sun</u>	<u>Wu</u>	<u>Principal Modeler</u>	<u>Technical Services</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.

Tessa Lero      Tessa Lero      Clerk of the Board      10/17/17

Signature      Print Name      Title      (month, day, year)

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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** Atlanta GA Location of Travel September 28-29, 2017 Dates (month, day, year)

Southwest Airlines Transportation Provider  Rail  Air  Bus  Auto  Other Doubletree by Hilton Name of Lodging Facility

\$ 505.98 Lodging Expenses \$ 146.72 Meal Expenses \$ 302.76 Transportation Expenses \$ \_\_\_\_\_ Other Expenses \$ 955.46 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.


Travel by employee to present at a transportation modeling peer review meeting.

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

Sun	Wu	Principal Modeler	Technical Services
_____ 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.

 Tessa Lero Clerk of the Board 10/17/17  
Signature Print Name Title (month, day, year)

Comment:

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