SANDAG Form O	ayment to Agency Re	eport A Public Do	cument		PAYMENT TO AGENCY REPO
Division, Department, or Region (if applicable) Finance Street Address 401 B Street San Diego CA 92101 Area Code/Phone Number (Essa Isero@sandag.org   Date of Original Filling: 10/17/17 Bass Lero Clerk of the Board   Date of Original Filling: 10/17/17 Donor Name and Address   Date of Original Filling: 10/17/17   Individual   Last Name   Donor Name and Address   Date of Original Filling: 10/17/17   If applicable, identify the name of each source and the amount(s) received by the donor for this payment.	Agency Name			Date Stamp	California QO
Street Address 401 B Street San Diego CA 92101 Area Code/Phone Number   Email   tessa lero@sandag.org   Date of Original Filing: 10/17/17 Tessa Lero Clerk of the Board    Agency Contact (name and title)   Tessa Lero (Branding Sandag.org   Date of Original Filing: 10/17/17   Date of				·	
Street San Diego CA 92101 Area Code/Phone Number   Email   tessa liero@sandag.org   Date of Original Filing: 10/17/17 Tessa Lero Clerk of the Board   Date of Original Filing: 10/17/17 Tessa Lero Clerk of the Board   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17 Tessa Lero Clerk of the Board   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agency Contact (name and title)   Date of Original Filing: 10/17/17  Agen	Division, Department, or Reg	ion (if applicable)			For Official Use Only
### Amount   Bayes   B	Finance				
Area Code/Phone Number (1969) 1991   tessal.lero@sandag.org   Lessal.lero@sandag.org   Lessal.le	Street Address				
Area Code/Phone Number (1969) 1991   tessal.lero@sandag.org   Lessal.lero@sandag.org   Lessal.le	401 B Street San Diego CA	92101			
Agency Contact (name and title) Tessa Lero Clerk of the Board    Agency Contact (name and Medics)   Tessa Lero Clerk of the Board   Date of Original Filing: 10/17/17   10/17/17   Tessa Lero Clerk of the Board   Date of Original Filing: 10/17/17					
Agency Contact (name and title) Tessa Lero Clerk of the Board    Date of Original Filing:   10/17/17   10/17/1		I		Amendment (explain	in comment section)
Tessa Lero Clerk of the Board    Donor Name and Address		lessa.lero@sandag.org		Date of Original Filing:	10/17/17
Individual   Last Name   First Name   Other   Name   Name	Contraction of the contraction o	4		Date of Original Fining.	(month, day, year)
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	Donor Name and Addre	SS			
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  Name  **Amount**  Name  **Amount**  Name  **Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment  Southwest  Transportation Provider  **Southwest*  Total Expenses  **Total Expenses  **Tot	□ Individual		□ Other		
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    Name	Last Name	First Name			Name
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If applicable, identify the name of each source and the amount(s) received by the donor for this payment.    Name	Address	City		State	Zip Code
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August 2, 2017    San Francisco C	ii applicable, ic	dentity the name of each source and the a	imouni(s) ie	cerved by the donor for	tilis payment.
San Francisco C	None	\$	7	Name	\$
3.1 (a) Travel Payment    San Francisco C   Location of Travel   Dates (month, day, year)				Name	Amount
Coation of Travel   Dates (month, day, year)	Payment Information (C	omplete Sections 3.1 (a or b), 3.	.2, 3.3)		
Southwest  Transportation Provider  Rail Air Bus Auto Other  Transportation Provider  Check Applicable Boxes  \$ 32.00 \$ 677.02  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  Verification  authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.  Tessa Lero Clerk of the Board 10/17/17	3.1 (a) Travel Payment	San Francisco C		Augus	t 2, 2017
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Comment:	(Use this space or an attachment f	or any additional information)			

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Street Address				
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Agency Contact (name and title			Date of Original Filing	10/17/17
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SANDAG  Division, Department, or Region (if applicable)  Street Address 401 B STREET SAN DIEGO CA 92101  Area Code/Phone Number   Email   tessa.lero@sandag.org   Date of Original Filling:   10/17/17	ayment to Agency R	eport A Public	Document	PAYMENT TO AGENCY REP
Division, Department, or Region (# applicable)   For Official Use O	Agency Name		Date Stamp	The state of the s
Street Address 401 B STREET SAN DIEGO CA 92101 Area Code/Phone Number	SANDAG			
401 B STREET SAN DIEGO CA 92101  Area Code/Phone Number   Email   tessa.lero@sandag.org   Date of Original Filing: 10/17/17  Agency Contact (name and title) Tessa Lero, Clerk of the Board   Date of Original Filing: 10/17/17  D	Division, Department, or Re	<b>jion</b> (if applicable)		For Official Use Only
Area Code/Phone Number   Email   tessa.lero@sandag.org   Date of Original Filing:   10/17/17   10/1	Street Address			
Amendment (explain in comments section)   Agency Contact (name and title)   Tessa Lero (Derk of the Board   Donor Name and Address   Other Seas Lero (Derk of the Board   Donor Name and Address   Other Seas Lero (Derk of the Board   Donor Name and Address   Other Seas Lero (Derk of the Board   Donor Name and Address   Other Seas Lero (Derk of the Board   Donor Name and Address   Other Seas (Derk of the Board   Donor Name and Address   Other Season (Derk of the Board   Donor Name and Address   Other Season (Derk of the Board   Donor Name   Na	401 B STREET SAN DIEG	O CA 92101		
Agency Contact (name and table)    Date of Original Filing: 10/17/17   Agency Contact (name and table)   Donor Name and Address				
Tessa Lero, Clerk of the Board   City   State   Zip Code		tessa.lero@sandag.org	I —	•
Tessa Lero, Clerk of the Board    Donor Name and Address	Agency Contact (name and title)		Date of Original F	(month_day_year)
Individual   Last Name   First Name   Other   Name   Address   City   State   Zip Code				(
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  Name Amount  Name Amount  Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Washington DC September 25-26, 2017  Dates (month, day, year)  Southwest Airlines  Transportation Provider Rall Air Bus Auto Other  Transportation Provider Sections 3.1 (a) Air Bus Auto Other  Transportation Provider Sections September 25-26, 2017  Dates (month, day, year)  Total Expenses  3.1 (b) 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.  3.2. 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)  Sun Wu Principal Modeler Technical Services  Last Name First Name Position/Title Department/Division  Last Name First Name Position/Title Department/Division  Last Name First Name Position/Title Department/Division  Tessa Lero Clerk of the Board 10/17/17	Donor Name and Addre	ess		
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		First Name	Other	Name
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    Name				
If applicable, identify the name of each source and the amount(s) received by the donor for this payment    Name	Address	City	St	ate Zip Code
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Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment    Washington DC	It "Other" is marked, describe the entity	's business activity (if business) or its nature a	nd interests.	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)  3.1 (a) Travel Payment    Washington DC		identify the name of each source an	d the amount(s) received by the dor	nor for this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)   3.1 (a) Travel Payment   Washington DC   Location of Travel   Dates (month, day, year)		<b>\$</b>		¢
3.1 (a) Travel Payment    Southwest Airlines	Name	Amount	Name	Amount
Southwest Airlines    Rail   Air   Bus   Auto   Other	Payment Information (	Complete Sections 3.1 (a or	b), 3.2, 3.3)	
Southwest Airlines    Rail   Air   Bus   Auto   Other				eptember 25-26, 2017
Transportation Provider    Rail   Mair   Bus   Auto   Other	(.,,	Location of Travel		Dates (month, day, year)
Transportation Provider  Check Applicable Boxes \$300.00	Southwest Airlines	□ Rail □ Air □	□ Bus □ Auto □ Other	
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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)  Sun Wu Principal Modeler Last Name First Name Position/Title Department/Division  Verification Last Name First Name Position/Title Department/Division  Verification Lathorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Tessa Lero Clerk of the Board 10/17/17				· 300.00
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Sun Wu Principal Modeler Technical Services  Last Name First Name Position/Title Department/Division  Last Name First Name Position/Title Department/Division  Verification  Lauthorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.  Tessa Lero Clerk of the Board 10/17/17	Travel by employee to	present at an AMPO trave	l modeling working group r	neeting.
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Last Name First Name Position/Title Department/Division  Last Name First Name Position/Title Department/Division  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	-			Technical Services
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Tessa Lero Clerk of the Board 10/17/17	Last Name	First Name	Position/Title	Department/Division
Tessa Lero Clerk of the Board 10/17/17				
Tessa Lero Clerk of the Board 10/17/17	Verification			
Tessa Lero Clerk of the Board 10/17/17	I authorized the agceptance	e of the reported payment(s) as i	n compliance with FPPC regulat	ions.
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	Signature			(month, day, ye
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	(Use this space or an attachment	for any additional information)		FPPC Form 801 (.la

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ayment to Agency R	Report	A Public Do	cument			PAYMENT TO AGENCY REPOR
Agency Name				Date Sta	ımp	California QO
SANDAG					·	Form OU
Division, Department, or Re	gion (if applicable)					For Official Use Only
Street Address						
401 B STREET SAN DIEG	O CA 92101					
Area Code/Phone Number	Email			☐ Amendme	nt (explain	in comment section)
6196991991	tessa.lero@sanda	ag.org		_		10/17/17
Agency Contact (name and title)	)			Date of Origin	at Filing:	(month, day, year)
Tessa Lero, Clerk of the Bo	oard					
Donor Name and Addre	ess					
Individual	Pint N		☐ Other			Name
Last Name	First I	vame				varile
Address		City	==		State	Zip Code
If "Other" is marked, describe the entity	u'a husinosa activity (if hysina	age) or its pature and inter	- anto			
ii Other is marked, describe the entity	y s business activity (ii busine	ess) of its flature and linter	esis,			
If applicable,	identify the name of ea	ach source and the	amount(s) re	ceived by the	donor for	this payment:
	\$					\$
Name		Amount		Name		Amount
Payment Information (	Complete Section	is 3.1 (a or b), 3	.2, 3.3)			
3.1 (a) Travel Payment	Atlanta GA					nber 28-29, 2017
2	L	ocation of Travel				Dates (month, day, year)
Southwest Airlines	🔲 Rail	☑ Air ☐ Bus	s □ Auto	Other		tree by Hilton
Transportation Provider		Check Applicable Box	es			Name of Lodging Facility
\$	\$	\$_302.76	\$_		_	\$ <u>955.46</u>
Lodging Expenses	Meal Expenses	Transportation Expe	nses	Other Expenses	91	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	9	Dates (month, d	\$		Total Expenses
			,	• •		
3.2. Payment Description	1. Provide a specif	ic description of	the payme	ent and its ag	jency p	urpose and use.
Travel by employee to	present at a trai	nsportation mo	deling pe	er review m	eeting	ī
3.3. Identify the officials	who used the payn	nent in Section 3	.1 (See instruc	ctions)		
Sun	Wu	F	rincipal Mo	deler	Te	chnical Services
Last Name	First Name			tion/Title		Department/Division
Last Name	First Nam	e = ==	Posi	tion/Title	—= ! <del>=</del>	Department/Division
			,			
7						
Verification						
	e of the reported nav	ment(s) as in con	nnliance wi	th EPPC requi	latione	
Verification I authorized the acceptance		/ment(s) as in con	•		ılations.	10/17/17
I authorized the acceptance	of the reported pay Tessa Lero		•	of the Board	lations.	10/17/17 (month day year)
		/ment(s) as in con	•		llations.	10/17/17 (month, day, year)

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