Payment to Agency Report

1. Agency Name
   SANDAG
   Division, Department, or Region (if applicable)
   Finance
   Street Address
   401 B Street San Diego CA 92101
   Area Code/Phone Number
   619-699-1991
   Email
   tessa.leo@sandag.org
   Agency Contact: (name and title)
   Tessa Lero Clerk of the Board

2. Donor Name and Address
   □ Individual
   □ Other
   Last Name
   First 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
   Location of Travel
   San Francisco
   Dates (month, day, year)
   August 2, 2017
   Transportation Provider
   Rail
   Air
   Bus
   Auto
   Other
   Payment
   Lodging Expenses
   Meal Expenses
   Transportation Expenses
   Other Expenses
   Total Expenses
   $645.02
   $32.00
   $677.02
3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year)
   Total Expenses
   $0

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.
   Signature
   Tessa Lero
   Print Name
   Clerk of the Board
   Title
   Date
   10/17/17
   (month, day, year)
   Comment:
   (Use this space or an attachment for any additional information)
Payment to Agency Report  

1. Agency Name  

SANDAG  

Division, Department, or Region (if applicable)  

Finance  

Street Address  

401 B Street San Diego CA 92101  

Area Code/Phone Number  

Email  

tessa.lero@sandag.org  

Agency Contact (name and title)  

Tessa Lero Clerk of the Board  

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 801</th>
<th>For Official Use Only</th>
</tr>
</thead>
</table>

2. Donor Name and Address  

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
</tr>
</thead>
</table>

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:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)  

3.1 (a) Travel Payment  

Harrisburg PA  

Location of Travel  

August 9-11 2017  

Dates (month, day, year)  

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$419.58</td>
<td>$74.95</td>
<td>$1,092.63</td>
<td>$1,587.16</td>
<td>$3,394.20</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:  

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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)  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
</table>

4. Verification  

I authorize the acceptance of the reported payment(s) as in compliance with FPPC regulations.  

Signature  

Tessa Lero  

Clerk of the Board  

10/17/17  

(month, day, year)  

Comment:  

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

FPPC Form 801 (Jan/14)  

advice@fppc.ca.gov
2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Southwest Airlines</th>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of Travel: Washington DC

September 25-26, 2017

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200.00</td>
<td>$300.00</td>
<td>$200.00</td>
<td></td>
<td>$300.00</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Sun Wu</th>
<th>Principal Modeler</th>
<th>Technical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Comment:

(Use this space or an attachment for any additional information)
Payment to Agency Report

1. Agency Name
   SANDAG
   Division, Department, or Region (if applicable)

2. 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

3. Donor Name and Address
   □ Individual
   □ Other
   Last Name
   First Name
   Address
   City
   State
   Zip Code

4. Payment Information

   3.1 (a) Travel Payment
       Southwest Airlines
       Location of Travel
       Location
       Transportation Provider
       □ Rail
       □ Air
       □ Bus
       □ Auto
       □ Other
       Check Applicable Boxes
       September 28-29, 2017
       Dates (month, day, year)
       □ Air
       □ Bus
       □ Auto
       □ Other
       Lodging Expenses
       Meal Expenses
       Transportation Expenses
       Other Expenses
       Total Expenses
       $505.98
       $146.72
       $302.76
       $955.46

       3.1 (b) Payment(s) not related to travel:

       □ Other
       □ Other
       □ Total Expenses
       □ Total Expenses
       □ Total Expenses

6. 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
   Last Name
   First Name
   Principal Modeler
   Position/Title
   Technical Services
   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
   Signature
   Print Name
   Title
   10/17/17
   (month, day, year)

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