Payment to Agency Re	eport A Pub	lic Document	t	PAYMENT	TO AGENCY REPOR	
1. Agency Name			Date Stan	mp Califo		
San Diego Metropolitan Transit System				For		
Division, Department, or Region (if applicable)				For	Official Use Only	
Street Address			-			
1255 Imperial Avenue, Suite 1000, San Diego, CA 92101						
Area Code/Phone Number			Amendment (explain in comment section)			
619-557-4515	julia.sansone@sdmts.com		Date of Original Filing:			
Agency Contact (name and title) Julia Sansone, Executive Asst. to CEO / Clerk of the Board			(month, day, year)			
2. Donor Name and Addres	S					
🗆 Individual] Individual 7 Other		The National Academy of Sciences			
Last Name 500 Fifth Street N.W.	First Name Washin			Name DC 2000	11	
Address	City	gion		State Zip Co		
Private, nonprofit institution	that provide expert advice to	help shape policie	es for the natior	and the world.		
If "Other" is marked, describe the entity's						
If applicable, id	entify the name of each source	and the amount(s) r	eceived by the dr	onor for this navme	ent:	
	entity the name of each source	and the amount(s) h	convertiby line de		200.	
Name	\$ Amount		Name	\$	Amount	
3. Payment Information (Co	omplete Sections 3.1 (a	or b), 3.2, 3.3)				
3.1 (a) Travel Payment	San Diego to Washingto	n, DC		6/26/14 to 6/28/1	4	
Location of Travel		vel		Dates (month	, day, year)	
Southwest Airlines	Rail 🛛 Air	🗆 Bus 🔲 Auto	o □Other _	Hampton Inn		
Transportation Provider	Check App	licable Boxes		Name of Lodg		
\$ \$	103.73 § 610.	00 tation Expenses \$.	124.00 Other Expenses	. \$.73 Expenses	
	•	Lation Expenses	Strier Expenses	lotari	-xpended	
3.1 (b) Payment(s) not rela	ited to travel.	Dates (month, o		Total Ex	penses	
3.2. Payment Description.	Provide a specific descrip	tion of the paym	ent and its age	ency purpose a	n d use.	
Airfare (\$610), hotel (es to and from BWI airport Research Program Ove	t. @\$224/day based on to Washington DC (\$12 rsight & Project Selection	per diem rate), 24) for participat on Committee N	, meals (\$103 tion in the Tra deetings.	3.73), taxi and	car service	
3.3. Identify the officials w			ctions)	_		
Jablonski	Paul	CEO	10. mm ()	Executive		
Last Name	First Name Pos		tion/Title Department/Division			
Last Name	ast Name First Name		Position/Title		Department/Division	
4. Verification	Iulia Consono		th FPPC regula of the Board		3/27/15 (month, day, year)	
Comment: Trip was reported	at 7/17/14 Board Meeting.					

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

(