

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Diego Metropolitan Transit System		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1255 Imperial Avenue, Suite 1000, San Diego, CA 92101			
Area Code/Phone Number 619-557-4515	Email julia.sansone@sdmts.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Julia Sansone, Executive Asst. to CEO / Clerk of the Board			

2. Donor Name and Address

Individual _____ Other The Chamber of Commerce of Hawaii

Last Name: _____ First Name: _____ Name: _____
 1132 Bishop Street, Suite 2105 Honolulu HI 96813
 Address City State Zip Code

Statewide, non-profit organization and advocate for business in Hawaii.
 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 Diego to Honolulu, HI 6/23/14 to 6/25/14
 Location of Travel Dates (month, day, year)

Alaska Airlines Rail Air Bus Auto Other The Ilikai Marina
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>511.66</u>	\$ _____	\$ <u>802.40</u>	\$ <u>96.81</u>	\$ <u>1,410.87</u>
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.

Airfare plus baggage fees (\$752.40 plus \$50), hotel plus parking parking fees (\$471.66 plus \$40), car rental and airport parking fees (\$96.81) for participation in meetings and as the keynote speaker for the Hawaii Infrastructure and Transportation Summit.

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

<u>Jablonski</u>	<u>Paul</u>	<u>CEO</u>	<u>Executive</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.

 Julia Sansone Clerk of the Board 03/27/15
 Signature Print Name Title (month, day, year)

Comment: Trip was reported at 7/17/14 Board Meeting.

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