

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Diego Metropolitan Transit System		Date Stamp	California 801 Form 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 619-557-4512	Email karen.landiers@sdmts.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Karen Landiers, General Counsel			

2. Donor Name and Address

Individual _____ Other Shanghai Zizhu Nat'l Hi-tech Ind. Dev. Zone

_____ Last Name _____ First Name _____ Name

No 1388 Qixin Road _____ Minhang District, Shanghai, PRC

Address _____ City _____ State _____ Zip Code _____

Development Partner with local government in China for new city & transit system

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 Shanghai, China 4/17/14 to 4/21/14

_____ Location of Travel _____ Dates (month, day, year)

China Eastern Airlines Rail Air Bus Auto Other Various

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility

\$ <u>2,100.00</u>	\$ <u>400.00</u>	\$ <u>4,602.00</u>	\$ _____	\$ <u>7,102.00</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.

Business class airfare, hotel (The Peninsula, Shanghai 4/17-18 @ \$550/nt; Yi Yuan Resort, Wu Shen 4/19 @ \$500/nt; Marriott Hong Qiao, Shanghai 4/20-21 @ \$250/nt), meals (est. @ \$80/day) for participation in San Diego delegation advising on transportation and infrastructure issues.

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.

 _____ Karen Landiers _____ General Counsel _____ 03/27/15

Signature _____ Print Name _____ Title _____ (month, day, year)

Comment: Final hotel cost data not confirmed until March 2015. Trip was publicly announced @ 3/20/14 Board Meeting.
 (Use this space or an attachment for any additional information)