

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

County of San Diego

Division, Department, or Region (if applicable)

Chief Administrative Office

Street Address

1600 Pacific Highway, San Diego CA 92101

Area Code/Phone Number

619-531-5880

E-mail

cao\_mail@sdcounty.ca.gov

Agency Contact (name and title)

Janice Graham, CAO Chief of Staff

COURT OF SAN DIEGO BOARD OF SUPERVISORS

Date Stamp

2011 AUG 26 PM 2 14

THOMAS J. PASTUSZKA CLERK OF THE BOARD OF SUPERVISORS

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual n/a

Last Name First Name

Other

Association of California Airports (ACA)

Name

PO Box 629,

Marysville

CA

95901

Address

City

State

Zip Code

Industry association representing public and private airports in the state of California

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) solicited or received by the donor for this gift:

n/a

Name

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

n/a

(month, day, year)

\$

0

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Lake Tahoe, CA

Sept. 15, 2011

Date(s) of Travel

\$ 260

Transportation Expenses

\$ 0

Lodging Expenses

\$ 0

Meal Expenses

\$ 0

Other Expenses

\$ 260

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Mr. Champine advises the Board of Supervisors on land use and transportation matters. His use of this donated airline ticket will allow him to attend a portion of the ACA conference and obtain information on airport & aviation issues at no cost to the taxpayers.

Identify the officials for whom the payment was used:

Champine

Last Name

Christopher

First Name

Policy Advisor

Title

Board of Supervisors, D5

Department/Division

n/a

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Janice Graham for me

Signature of Agency Head or Designee

Walter Eckard

Print Name

CAO

Title

8/26/11

(month, day, year)

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