| ayment to Agency | report | A Public Docu | ıment | 9 10 | DAVNENT TO ACCUOU DEC |
|--|---|---|---|--|---|
| Agency Name | | | | 1 1 1 1 1 1 | California O A |
| County of San Diego | | | | Date Stamp | Form 80 |
| Division, Department, or Region (if applicable) | | | | 出差 | For Official Use Only |
| Board of Supervisors, D | | | | L. Park | |
| Street Address | | | | | |
| 1600 Pacific Hwy, Ste 3 | 35 San Diego CA 92 | 101 | 1 | <u> </u> | |
| Area Code/Phone Numbe | | 101 | | 0.5 | |
| 619-531-5533 | | mer@sdcounty.ca.go | A | mendment (explain | in comment section) |
| Agency Contact (name and t | | | | f Original Filing: | |
| Meghan Elledge, Chief | • | | | | (month, day, year) |
| Donor Name and Add | | 31.15 | | | |
| Dollor Name and Add | aress | | | | |
| Individual | | | Other Scripp | os . | |
| 4555 Executive Dr. | First | Name San Diego | | | Name |
| \ddress | | City | | CA State | 92121 Zip Code |
| Health Care System | | | | Gidle | with Coda |
| "Other" is marked, describe the er | ntity's business activity (if husing | ses) or its nature and interests | | | |
| | | or as nately disa interests | | | |
| If applicabl | e, identify the name of ea | ach source and the amo | ount(s) received | by the donor for t | this payment: |
| | s | | | | |
| Name | | Amount | | ime | Amount |
| Payment Information | (Complete Section | s 3.1 (a or b), 3.2. | 3.3) | | |
| 3.1 (a) Travel Payment | | () = 1 m ₁ , = 1 m ₂ | | | |
| () | I. | ocation of Travel | | | ates (month, day, year) |
| | | | | | rates (month, day, year) |
| Transportation Provide | Rail | Air Bus Check Applicable Boxes | Auto C | Other | ame of Lodging Facility |
| • | | Ouger Whilespie Boyes | | | coognig (douby |
| • | | | | | |
| Lodging Expenses | \$Meal Expenses | \$Transportation Expenses | \$Other F | Yngnses | \$ |
| | | STransportation Expenses | | xpenses | Total Expenses |
| | | 4/28 | 3/25 | xpenses 1,295.4 | 9 |
| 3.1 (b) Payment(s) not | related to travel: | 4/28 Dates | 3/25 (month, day, year) | \$ 1,295.4 | 9 Total Expenses |
| 3.1 (b) Payment(s) not .2. Payment Description | related to travel: on. Provide a specifi | 4/20 Dates c description of the | 3/25 (month, day, year) payment and | \$ 1,295.4 its agency pu | 9 Total Expenses rpose and use. |
| .1 (b) Payment(s) not .2. Payment Description | related to travel: on. Provide a specifi | 4/20 Dates c description of the | 3/25 (month, day, year) payment and | \$ 1,295.4 its agency pu | 9 Total Expenses rpose and use. |
| | related to travel: on. Provide a specifi | 4/20 Dates c description of the | 3/25 (month, day, year) payment and | \$ 1,295.4 its agency pu | 9 Total Expenses rpose and use. |
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| 3.1 (b) Payment(s) not 3.2. Payment Description Rental of stage and s | related to travel: on. Provide a specifi seating for the 202 | 4/20 Dates c description of the 5 State of the Cou | 3/25 (month, day, year) payment and Inty event he | \$ 1,295.4 its agency pu | 9 Total Expenses rpose and use. |
| 3.1 (b) Payment(s) not .2. Payment Description | related to travel: on. Provide a specifi seating for the 202 | 4/20 Dates c description of the 5 State of the Cou | 3/25 (month, day, year) payment and Inty event he | \$ 1,295.4 its agency pu | 9 Total Expenses rpose and use. |
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| 3.1 (b) Payment(s) not a second secon | related to travel: on. Provide a specifi seating for the 202 s who used the paym | A/20 Dates c description of the 5 State of the Cou | 8/25 (month, day, year) payment and Inty event he See instructions) Position/Title | \$ 1,295.4 its agency pu | Total Expenses rpose and use. 6th, 2025. Department/Division |
| 3.1 (b) Payment(s) not 3.2. Payment Description Rental of stage and s 3. Identify the officials | related to travel: on. Provide a specific seating for the 202 s who used the paym | A/20 Dates c description of the 5 State of the Cou | 3/25 (month, day, year) payment and unty event he see instructions) | \$ 1,295.4 its agency pu | Total Expenses rpose and use. 6th, 2025. |
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| 2. Payment(s) not 2. Payment Description Rental of stage and s 3. Identify the officials Last Name Last Name erification authorized the acceptance | related to travel: on. Provide a specific seating for the 202 s who used the payment First Name Ce of the reported payment Meghan Elle | ### 4/26 To a test of the Countries of | A/25 (month, day, year) payment and Inty event he See instructions) Position/Title Position/Title | \$ 1,295.4 its agency pu eld on April 1 | Total Expenses rpose and use. 6th, 2025. Department/Division |

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