

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<p>1. Agency Name COUNTY OF SAN DIEGO Division, Department, or Region (if applicable) BOARD OF SUPERVISORS, DISTRICT 4 Street Address 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101</p>		<p>Date Stamp</p> <p>2016 JUN 22 AM 11:00 CITY OF SAN DIEGO CLERK'S OFFICE</p>	<p>California Form 801</p> <p>For Official Use Only</p>
Area Code/Phone Number	Email	<p><input type="checkbox"/> Amendment (explain in comment section)</p> <p>Date of Original Filing: _____ (month, day, year)</p>	
<p>Agency Contact (name and title) Donte Wyatt, Chief of Staff</p>			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	Viejas Tribal Government
	Last Name	First Name	Name
1 Viejas Grade Rd		Alpine	CA 91901
Address	City	State	Zip Code

Tribal government group of Kumeyaay Indians

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

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

Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses

3.1 (b) Payment(s) not related to travel:

3.2. Payment Description. Provide a specific description of the payment(s) not related to travel.

Payment for D4 Juneteenth Event performer.

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

Wyatt Donte Chief of Staff Board of Supervisors/D4

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.

John L. Lee Digitally signed by Andrew.Potter@esdcounty.ca.gov Date: 2026.01.22 10:52:51 -08'00' **Andrew Potter** **Clerk of the Board** **01/22/26**
Signature Print Name Title (month day year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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