

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO		Date Stamp CLERK OF THE BOARD 2026 JUN 22 AM 11:36	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) BOARD OF SUPERVISORS, DISTRICT 4			
Street Address 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101			
Area Code/Phone Number 619-531-5544	Email Monica.MontgomerySteppe@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Donte Wyatt, Chief of Staff			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Viejas Tribal Government	
	1 Viejas Grade Rd	Alpine		CA	91901
	Address			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
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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)	
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility	
\$	Lodging Expenses	\$	Meal Expenses
\$	Transportation Expenses	\$	Other Expenses
\$	Total Expenses		

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

7/18/25	\$ 75.00
Dates (month, day, year)	Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


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
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.

	Digitally signed by Andrew.Potter@sdcounty.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)