Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

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

Area Code/Phone Number: 619-531-5544

Email: MONICA.MONTGOMERYSTEPPE@SDCOU

Agency Contact (name and title): DONTE WYATT, CHIEF OF STAFF

Date Stamp: COSB CLERK OF THE BOARD 2026 JUL 31 AM 10:15

☐ Amendment (explain in comment section)

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

2. Donor Name and Address

☐ Individual — Last Name: _____ First Name: _____

☒ Other — Name: VIEJAS TRIBAL GOVERNMENT

Address: 1 VIEJAS GRADE RD | City: ALPINE | State: CA | Zip Code: 91901

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): _____

Transportation Provider: _____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (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: Dates (month, day, year): 7/10/26 $ Total Expenses: 810.59

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

STAFF REIMBURSEMENT FOR PURCHASE OF REFRESHMENTS AND SUPPLIES FOR D4 JUNETEENTH EVENT HELD ON 6/18/26

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

Last Name	First Name	Position Title	Department/Division
WILLIAMS	JENNY	LEGISLATIVE ASSISTAN	BOS DISTRICT 4

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations

Signature: _____ Print Name: DONTE WYATT Title: CHIEF OF STAFF Date (month, day, year): 7/30/20

Comment:

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

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