

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO Division, Department, or Region (if applicable) BOARD OF SUPERVISORS, DISTRICT 4 Street Address 1600 PACIFIC HWY, STE 326, SAN DIEGO, CA Area Code/Phone Number 619-531-5544 Agency Contact (name and title) DONTE WYATT, CHIEF OF STAFF		Date Stamp COSD CLERK OF THE BOARD 2026 OCT 26 PM 4:48	California Form 801 For Official Use Only
Email Monica.MontgomerySteppe@sdcounty.ca.gov		☐ Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other METROPOLITAN TRANSIT SYSTEM (MTS)

Last Name First Name Address City State Zip Code
 1255 IMPERIAL AVE STE 1000 SAN DIEGO CA 92101
 Address City State Zip Code

MTS PROVIDES BUS, RAIL, AND FREIGHT SERVICES THROUGH PUBLIC AND PRIVATE CONTRACTORS.

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 BALTIMORE CITY, MARYLAND 6/29/26 - 7/1/26
 Location of Travel Dates (month, day, year)

Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other HILTON BALTIMORE
 Check Applicable Boxes Name of Lodging Facility

\$ 996.87 \$ _____ \$ _____ \$ _____ \$ 996.87
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \$ _____
 Dates (month, day, year) Total Expenses

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

TRAVEL PAYMENT FOR HOTEL EXPENSE FOR SUPERVISOR MONICA MONTGOMERYSTEPPE. PURPOSE OF TRAVEL IS TO ATTEND THE 2026 RAIL CONFERENCE IN BALTIMORE, MARYLAND.

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

MONTGOMERY-STEPPE	MONICA	SUPERVISOR	BOS DISTRICT 4
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.

Donté T. Wyatt@sdcounty.ca.gov Digitally signed by Donté T. Wyatt@sdcounty.ca.gov Date: 2026.10.14 12:18:52 -0700	DONTE WYATT Signature	CHIEF OF STAFF Print Name	10/14/26 Title	(month, day, year)
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Comment:

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