

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name County of San Diego		COUNTY OF SAN DIEGO Date Stamp 2018 AUG 28 AM 11:06 CLERK OF THE BOARD OF SUPERVISORS	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Street Address 1600 Pacific Highway, Room 335, San Diego, CA 92101			
Area Code/Phone Number 619-531-5511	Email Cheryl.cruz@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Cheryl Cruz		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other National Association of Counties

Last Name: _____ First Name: _____ Name: _____

660 North Capitol Street, NW Washington DC 20001

Address City State Zip Code

Advocate for Counties

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 Nashville, TN July 11 - 17, 2018

Location of Travel Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other Gaylord - Grand Ole Opry

Check Applicable Boxes Name of Lodging Facility

\$ 1,352.94 \$ _____ \$ _____ \$ _____ \$ 1,352.94

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. Hotel accommodations for the National Association of Counties Annual Conference paid for by NACo.

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

Melgoza	Danny	Chief of Staff	Board of Supervisors, Dist. 1
_____	_____	_____	_____
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.

	Danny Melgoza	Chief of Staff	08/27/2018
_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)

Comment:

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

