

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
County of San Diego
Division, Department, or Region (if applicable)
General Services
Street Address
5560 Overland Avenue, Suite 410, San Diego CA 92129
Area Code/Phone Number
8584146058
Email
scott.christman@sdcounty.ca.gov
Date Stamp
2025 MAR 22 PM 1:20
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing:

2. Donor Name and Address

Individual Other Design-Build Institute of America Western Pacific
Last Name First Name Name
21520 Yorba Linda Blvd., Suite G-419 Yorba Linda CA 92887
Address City State Zip Code

DBIA is a membership organization that advocates for and advances design-build project delivery method.

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:

DBIA WPR San Diego Chapter \$ 3,000.00
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 Name of Lodging Facility
Check Applicable Boxes

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

3.1 (b) Payment(s) not related to travel: 06/15/2026 \$ 3,000.00
Dates (month, day, year) Total Expenses

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

DBIA National offers a Certification Workshop for \$1,000 per attendee. DBIA Western Pacific Region (WPR) San Diego Chapter offered to cover the cost of \$500 per participant. The County will pay the remaining \$500. The County plans to send six employees to the training from June 15-17, 2026.

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

Castro Joseph Chief DGS PMD
Last Name First Name Position/Title Department/Division
Fecik Peter Project Manager (PM) DGS PMD
Last Name First Name Position/Title Department/Division

3. Ruiter, Robert PM, DGS PMD; 4. Miller, Charles, PM, DGS PMD; 5. Tylke, Melanie, PM, DGS PMD; 6. Zenz, Brian, PM, DGS PMD

4. Verification

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

Marko Medved Digitally signed by Marko Medved Date: 2026.05.20 12:04:32 -0700 Marko Medved Director
Signature Print Name Title (month, day, year)

Comment:

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