

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

County of San Diego

Division, Department, or Region (if applicable)

Health & Human Services Agency, Aging & Independence Services

Street Address

5560 Overland Avenue, Suite 310

Area Code/Phone Number

(858) 495-5521

Email

mark.sellers@sdcounty.ca.gov

Agency Contact (name and title)

Mark Sellers, Acting Director

Date Stamp
2017 MAY 26 AM 8:14
CLERK OF THE BOARD OF SUPERVISORS

California Form 801
For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

AARP

Name

601 E Street, NW

Washington DC

20049

Address

City

State

Zip Code

AARP is a nonprofit, nonpartisan organization that provides product offerings and services to people ages 50 and older.

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

Chicago, IL

Location of Travel

10/17/2016 - 10/19/2016

Dates (month, day, year)

American Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Hampton Inn Chicago

Name of Lodging Facility

\$ 655.00

Lodging Expenses

\$ 150.00

Meal Expenses

\$ 345.00

Transportation Expenses

\$ 0.00

Other Expenses

\$ 1,150.00

Total Expenses

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

n/a

Dates (month, day, year)

\$ 0.00

Total Expenses

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

Attendance at the AARP Livable Communities conference for the manager of the County's Age Friendly initiative. AARP administers the Age Friendly Communities program in the US for the World Health Organization. Meals Expenses is an estimate of the value of meals and snacks provided.

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

NA

Last Name

NA

First Name

Principal Admin Analyst

Position/Title

HHSVA/IS

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.

Mark Sellers

Signature

Mark Sellers

Print Name

Acting Director

Title

April 25, 2017
(month, day, year)

Comment: Payment authorized by previous Director of Aging & Independence Services

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