

Payment to Agency Report

A Public Document

COUNTY OF SAN DIEGO

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

2017 MAY 16
 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 _____ Other **AARP**
 Last Name First Name 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 Pasadena, CA 4/25/2017 - 4/26/2017
 Location of Travel Dates (month, day, year)
 Transportation Provider Rail Air Bus Auto Other Hilton Pasadena
 Check Applicable Boxes Name of Lodging Facility
 \$ 330.00 \$ 150.00 \$ 0.00 \$ 0.00 \$ 480.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: n/a \$ 0.00
 Dates (month, day, year) Total Expenses

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

Attendance at AARP Livable Communities conference for manager of the Age Friendly initiative. AARP administers the Age Friendly program in the US for the World Health Organization. Hotel and meals expenses are estimates. \$25 registration fee to be refunded by AARP.

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

NA NA Principal Admin Analyst HHSA/AIS
 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.

Mark Sellers Mark Sellers Acting Director 4/25, 2017
 Signature Print Name Title (month, day, year)

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

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