Payment to Agency Report A Public Document

1. Agency Name
   County of San Diego
   Department of the Public Defender
   450 B Street Suite 900 San Diego CA 92101
   619-338-4826 Lance.Edwards@sdcounty.ca.gov

2. Donor Name and Address
   Conference of Western Attorney General, African Alliance Partnership
   1300 I Street Sacramento CA 95814

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

   3.1 (a) Travel Payment
   San Diego, CA to Abuja, Nigeria
   Location of Travel
   British Airways/Lufthansa
   Transportation Provider
   Rembrandt, Transcorp Hilton
   Lodging Expenses $953.00
   Meal Expenses $525.00
   Transportation Expenses $2,346.00
   Other Expenses $50.00
   Total Expenses $3,874.00
   Dates (month, day, year) 07/05/2019 - 07/09/2019

   3.1 (b) Payment(s) not related to travel:
   N/A
   Dates (month, day, year) 07/05/2019
   Total Expenses $0.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Travel to Nigeria to attend a criminal defense investigation conference.

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

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

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