

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only AUG - 6 PM 3: 3 COUNTY OF SAN DIEGO
County of San Diego			
Division, Department, or Region (if applicable) Department of the Public Defender			
Street Address 450 B Street Suite 900 San Diego CA 92101			
Area Code/Phone Number 619-338-4826	Email Lance.Edwards@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Lance Edwards Administrative Analyst			

2. Donor Name and Address

Individual _____ Other _____

Last Name: _____ First Name: _____ Name: _____
 Address: 1300 I Street City: Sacramento State: CA Zip Code: 95814
 Conference of Western Attorney General, African Alliance Partnership
 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 San Diego, CA to Abuja, Nigeria 07/05/2019 - 07/09/2019

British Airways/Lufthansa Rail Air Bus Auto Other Rembrandt, Transcorp Hilton
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 953.00	\$ 525.00	\$ 2,346.00	\$ 50.00	\$ 3,874.00
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.

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)

N/A	N/A	N/A	N/A
_____	_____	_____	_____
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.

_____ WRMIZE PUBLIC DEFENDER 7-30-19
 Signature Print Name Title (month, day, year)

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

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