

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
San Diego County Sheriff's Department
Division, Department, or Region (if applicable) COUNTY OF SAN DIEGO
Law Enforcement Services Bureau
Street Address 9621 Ridgehaven Court San Diego, CA 92123
Area Code/Phone Number (858) 974-2360 Email mark.elvin@sdsheriff.org
Agency Contact (name and title) Mark P. Elvin - Assistant Sheriff
Date Stamp 2014 OCT 21 PM 3 11
California Form 801 For Official Use Only
CLERK OF THE BOARD OF SUPERVISORS
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual [] Other [x] Anti-Defamation League
Last Name First Name Name
4950 Murphy Canyon Road, Suite 250 San Diego CA 92123
Address City State Zip Code

Western Regional Law Enforcement Mission to Israel
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
Israel Location of Travel
September 13-21, 2014 Dates (month, day, year)
U.S. Airways Transportation Provider [] Rail [x] Air [] Bus [] Auto [] Other
Check Applicable Boxes
\$ 2,100.00 Lodging Expenses \$ 950.00 Meal Expenses \$ 1,800.00 Transportation Expenses \$ 950.00 Other Expenses \$ 5,800.00 Total Expenses
3.1 (b) Payment(s) not related to travel: \$ 0.00 Total Expenses
Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Training and networking on border security issues.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Elvin Mark Asst. Sheriff San Diego County Sheriff's
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.
Signature William D. Gore Sheriff Title 10/08/14 (month, day, year)

Comment:
(Use this space or an attachment for any additional information)
FPPC Form 801 (Jan/14) advice@fppc.ca.gov

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