

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> County of San Diego Division, Department, or Region (if applicable) Board of Supervisors, District 4 Street Address 1600 Pacific Hwy, Ste 335, San Diego Area Code/Phone Number 619-531-5544 Email mms@sdcounty.ca.gov Agency Contact (name and title) Donte T. Wyatt, Chief of Staff		Date Stamp California Form <b>801</b> For Official Use Only COST CLERK OF THE BOARD 2025 JUL 22 PM 2:13
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

## 2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name 1 Viejas Grade Road Alpine CA 91901 Address City State Zip Code Federally recognized tribe of Kumeyaay Indians If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.		<input checked="" type="checkbox"/> Other Viejas Tribal Government Name
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→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$	Amount	Name	\$	Amount
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## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

Location of Travel		Dates (month, day, year)
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses
\$ Other Expenses	\$ Total Expenses	

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

6/17/25	\$ 949.06
Dates (month, day, year)	Total Expenses

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

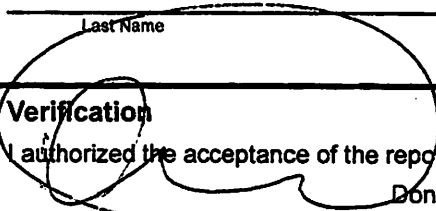
Pins, Snacks, Refreshments, Poster Supplies and Performers for Juneteenth event held on 6/20/25

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

Wyatt	Donte	Chief of Staff	Board of Supervisors/D4
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	Donte T. Wyatt	Chief of Staff	07/16/2025
	Print Name	Title	(month, day, year)

Comment:

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

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