

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

County of San Diego

Division, Department, or Region (if applicable)

Board of Supervisors, District 1

Street Address

1600 Pacific Hwy, Ste 335, San Diego, CA 92101

Area Code/Phone Number

619-531-5511

Email

nora.vargas@sdcounty.ca.gov

Agency Contact (name and title)

Fernando Chavarria, Chief of Staff

2024 MAR 21 AM 21

Date Stamp

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

March and Ash Management Co, LLC

Last Name

First Name

Name

2465 Dogwood Way

Vista

CA

92081

Address

City

State

Zip Code

Licensed cannabis dispensary

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

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:

2/21/24

Dates (month, day, year)

\$ 3,629.93

Total Expenses

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

Flowers and catering for the 2024 State of the County, held on February 21, 2024.

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

Vargas

Nora

Supervisor

Board of Supervisors/D1

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.

Fernando.Chavarria@sdcounty.ca.gov

Signature

Fernando Chavarria

Print Name

Chief of Staff

Title

(month, day, year)

Comment:

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