	eport A i	Public Doci		# X		PAYMENT TO AGENCY REPOR
. Agency Name				ြင့် ထုံ Date Star		California 201
County of San Diego				E E		Form OU
Division, Department, or Re	gion (if applicable)			22		For Official Use Only
Board of Supervisors, Distr	rict 1			ž Č		
Street Address			1 2	O24 MBR		
1600 Pacific Hwy, Ste 335,	San Diego, CA 92101			O24 MAR 2		
Area Code/Phone Number	Email			7 64	ot (evolain i	comment section)
619-531-5511	nora.vargas@sdcounty	y.ca.gov			nt (explain i	i comment section)
Agency Contact (name and title)	<u> </u>			Date of Origina	l Filing: _	(month, day, year)
Fernando Chavarria, Chief	of Staff					(monat, day, year)
Donor Name and Addre	ess					
☐ Individual			Other _	Solar Turbine	s	
Last Name	First Name		Oulei -			ame
2200 Pacific Hwy		n Diego			CA	92101
Address	City				State	Zip Code
Electric equipment manufa						
If "Other" is marked, describe the entity	's business activity (if business) or i	ts nature and interest	S.			
If applicable.	identify the name of each so	ource and the am	ount(s) rec	eived by the d	onor for t	nis payment:
ja in approach	,					- F-7
Name	\$Amou	nt		Name		\$Amount
. Payment Information (C	Complete Sections 3	1 (a or h) 3 2	3 3)			
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3.1 (a) Travel Payment						
	Location	of Travel			D	ates (month, day, year)
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Transportation Provider	Rail 🔲		☐ Auto	☐ Other		ates (month, day, year) ame of Lodging Facility
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