

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		COUNTY CLERK OF THE BOARD 2024 APR 3 PM 4:13	Date Stamp	<b>California Form 801</b> For Official Use Only
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@sdcountry.ca.gov			
Agency Contact (name and title) Fernando Chavarria, Chief of Staff		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual \_\_\_\_\_  Other **AT&T**

Last Name: 208 S. Akard St      First Name: Dallas      State: TX      Zip Code: 75202  
 Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Multinational telecommunications holding company  
 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): \_\_\_\_\_

Rail     Air     Bus     Auto     Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_      Name of Lodging Facility: \_\_\_\_\_

\$ \_\_\_\_\_ Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ \_\_\_\_\_ Transportation Expenses    \$ \_\_\_\_\_ Other Expenses    \$ \_\_\_\_\_ Total Expenses

**3.1 (b) Payment(s) not related to travel:**      3/8/2024      \$ 2,743.13

\_\_\_\_\_      Dates (month, day, year)      Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 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	Fernando Chavarria	Chief of Staff	04/03/24
Digitally signed by Fernando Chavarria@sdcounty.ca.gov Date: 2024.04.03.16:55:04 -0700	Signature	Print Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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