the control of the co			ocument	90	PAYMENT TO AGENCY REPOR
. Agency Name					California 201
County of San Diego				品名	Form OU I
Division, Department, or Region (if applicable)				SD CLERK OF THE BOAR	For Official Use Only
Board of Supervisors, District 2				O mapp ellina time.	
Street Address			-	E many	e act
1600 Pacific Highway Ste.	335			8024 024	1
Area Code/Phone Number	Email	-11/21		88	
(619) 531-5522	The contract was a second	@sdcounty.ca.gov		Amendment (exp	lain in comment section)
Agency Contact (name and title)				Date of Original Filir	q:
Heather Koszka, Director o				-	(month, day, year)
				-	
. Donor Name and Addre	ess				
☐ Individual			Other	XJD	
Last Name		First Name	_		Name
1999 Avenue of the Stars,	Suite 2040	Los Angeles		State	90067 Zip Code
		City		State	Zip Code
Real Estate Investment					
If "Other" is marked, describe the entity	s business activity (if	business) or its nature and i	nterests.		
If applicable,	identify the name	of each source and th	ne amount(s) re	ceived by the donor	for this payment:
	to the same of the same			, 5	
Name	\$_	Amount		Name	\$Amount
. Payment Information (Complete Sec	tions 3.1 (a or h)	3 2 3 3)	Victor 11 11 11 11 11 11 11 11 11 11 11 11 11	
	Somplete Sec	(a or b)	, 0.2, 0.0)		
3.1 (a) Travel Payment	-	Location of Travel			Dates (month, day, year)
	ater 1,500				
Transportation Provider		Rail Air E		Other	Name of Lodging Facility
	\$	\$	\$_	Other Expenses	\$ Total Expenses
\$ Solution	Meal Expenses		Apenaea	*	1 1000
\$S Lodging Expenses 3.1 (b) Payment(s) not re	a service is a service in		5/20/2024	\$ 911	
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