

# 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		Date Stamp OF THE BOARD 2025 01 22 AM 11:33	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5511	Email Paloma.Aguirre@sdcounty.ca.gov		
Agency Contact (name and title) Paul Worlie, Chief of Staff		Date of Original Filing: <u>2025 01 22</u> (month, day, year)	

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name PO BOX 5044	First Name CAROL STREAM	<input checked="" type="checkbox"/> Other	AT&T
	Address	City	State	Zip Code 60197

Multinational telecommunications 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
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## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

Transportation Provider	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other	Name of Lodging Facility		
	Check Applicable Boxes							
Lodging Expenses	\$	Meal Expenses	\$	Transportation Expenses	\$	Other Expenses	\$	Total Expenses
3.1 (b) Payment(s) not related to travel:	7/28/25					\$ 4,500.00	Total Expenses	
	Dates (month, day, year)							

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

DISTRICT 1 CATERING PAYMENT FOR D1 SUPERVISOR SWEARING IN CEREMONY HELD ON 7/22/25

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

WORLIE	PAUL	CHIEF OF STAFF	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.

	Digitally signed by Andrew.Potter@sdcounty.ca.gov Date: 2025.01.22 10:48:47 -0800	Andrew Potter	Clerk of the Board	01/22/26
Signature		Print Name	Title	(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

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