

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 Agency Contact (name and title) Paul Worlie, Chief of Staff		Date Stamp 05/11/2025 11:39 AM COUNTY OF THE BOARD	California Form 801 For Official Use Only
Email Paloma.Aguirre@sdcounty.ca.gov		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

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

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	_____ Location of Travel	_____ Dates (month, day, year)
<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
_____ Dates (month, day, year)	_____ Total Expenses

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 -08'00'	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)