

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 Email Paloma.Aguirre@sdcounty.ca.gov Agency Contact (name and title) Paul Worlie, Chief of Staff		Date Stamp 2026 JAN 22 AM 11:59 CLERK OF THE BOARD	California Form 801 For Official Use Only
<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 5887 Copley Dr ste 200 San Diego CA 92111 Address City State Zip Code		<input checked="" type="checkbox"/> Other Cox Communications Name
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A digital cable television provider and 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

Location of Travel		Dates (month, day, year)	
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility	
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
\$ Total Expenses			

3.1 (b) Payment(s) not related to travel:

7/16/25-7/28/25	\$ 4,999.00
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 (\$988.37)
 DISTRICT 1 PAYMENT FOR 2 HOURS OF MARIACHI SERVICE FOR D1 SWEARING-IN CEREMONY ON 7/22/25 (\$800.00)
 DISTRICT 1 PAYMENT FOR AUDIO VISUAL SERVICES FOR D1 SWEARING IN CEREMONY (\$3,210.63)

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: 2026.01.22 10:49:00 -08'00' Signature	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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

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

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