

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California
Form

801

For Official Use Only

1. Agency Name County of San Diego		Date Stamp Clerk of the Board 01/22 AM 11:56	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing 2026-01-22 (month, day, year)	
Agency Contact (name and title) Paul Worlie, Chief of Staff			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 5887 Copley Dr ste 200	First Name San Diego	<input checked="" type="checkbox"/> Other	Cox Communications
	Address	City		State CA
				Zip Code 92111

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		
\$ Lodging 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.

Signature Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:49:00 -08'00'	Print Name Andrew Potter	Title Clerk of the Board	Date 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