

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp COORDINATOR OF THE BOARD 2026 JAN 22 AM 11:59	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Paul Worlie, Chief of Staff			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	March and Ash Management Co, LLC	
	2465 Dogwood Way	Vista		CA	92081
	Address			State	Zip Code
	Licensed medical and recreational cannabis dispensary				
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	Name of Lodging Facility	
\$	Lodging Expenses	\$	Meal Expenses
\$	Transportation Expenses	\$	Other Expenses
\$	Total Expenses	\$	Total Expenses

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

7/21/25	\$ 127.09
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 2025 SUPERVISOR SWEARING-IN EVENT

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 10:49:12 -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)