

## Payment to Agency Report

## A Public Document

PAYMENT TO AGENCY REPORT

California  
Form

801

For Official Use Only

1. Agency Name		Date Stamp	OF THE BOARD 03/22/2018
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: <u>2016</u> (month, day, year)
Agency Contact (name and title) Paul Worlie, Chief of Staff			

## 2. Donor Name and Address

Individual Last Name First Name  Other March and Ash Management Co, LLC  
2465 Dogwood Way Vista CA 92081  
 Address City 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:

<u>Name</u>	<u>\$</u>	<u>Name</u>	<u>\$</u>
<u>Amount</u>		<u>Amount</u>	

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

## 3.1 (a) Travel Payment

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

**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)

<u>WORLIE</u>	<u>PAUL</u>	<u>CHIEF OF STAFF</u>	<u>Board of Supervisors/D1</u>
<u>Last Name</u>	<u>First Name</u>	<u>Position/TITLE</u>	<u>Department/Division</u>
<u>Last Name</u>	<u>First Name</u>	<u>Position/TITLE</u>	<u>Department/Division</u>

## 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

Signature

Print Name

Clerk of the Board

Title

01/22/26

(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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