

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> County of San Diego <b>Division, Department, or Region</b> (if applicable) Board of Supervisors, District 1 <b>Street Address</b> 1600 Pacific Hwy Ste 335, San Diego, CA 92101 <b>Area Code/Phone Number</b> 619-531-5511 <b>Agency Contact</b> (name and title) Paul Worlie, Chief of Staff		<b>Date Stamp</b> 619-531-5511 2026 JAN 22 AM 11:39 CLERK OF THE BOARD	<b>California Form 801</b> For Official Use Only
<b>Email</b> Paloma.Aguirre@sdcounty.ca.gov		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

<input type="checkbox"/> <b>Individual</b> Last Name _____ First Name _____ 2200 Pacific Hwy Address _____ City _____ State _____ Zip Code _____ San Diego CA 92101 Subsidiary of Caterpillar that makes industrial gas turbines for power generation and oil and gas production	<input checked="" type="checkbox"/> <b>Other</b> <u>Solar Turbines</u> Name _____ 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 _____	\$ _____	Name _____	\$ _____
Amount		Amount	

## 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:

7/21/25-7/28/25	\$ 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 2025 SUPERVISOR SWEARING-IN EVENT (\$655.68)  
 DISTRICT 1 2025 SUPERVISOR SWEARING-IN FLORAL ARRANGEMENTS (\$593.75)  
 DISTRICT 1 CATERING PAYMENT FOR D1 SUPERVISOR SWEARING IN CEREMONY HELD ON 7/22/25 (\$3,749.57)

### 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 Date: 2026.01.22 10:49:22 -0600 Signature	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
--	-----------------------------	-----------------------------	--------------------------------

Comment:

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