

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		Date Stamp 2025-01-22 11:39 Clerk of the Board	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5511	Email Paloma.Aguirre@sdcounty.ca.gov		
Agency Contact (name and title) Paul Worlie, Chief of Staff		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Solar Turbines
2200 Pacific Hwy	San Diego		CA	92101
Address	City		State	Zip Code

Subsidiary of Caterpillar that makes industrial gas turbines for power generation and oil and gas production

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
\$ Meal 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.

	Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2025.01.22 10:49:22 -0800	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)

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

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