

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 Area Code/Phone Number 619-531-5511 Agency Contact (name and title) Paul Worlie, Chief of Staff		Date Stamp 2025 JAN 22 AM 11:59 CLERK OF THE BOARD	California Form 801 For Official Use Only
Email Paloma.Aguirre@sdcounty.ca.gov		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other **T2 BORREGO LLC**
 Last Name First Name Name
 4582 South Ulster St, Ste 1410 Denver CO 80237
 Address City State Zip Code
 A limited liability company provides water supply solutions and party bus rentals
 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 _____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ 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:

7/16/25-9/9/25 \$ 4,899.90
 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 PAYMENT FOR AUDIO VISUAL SERVICES FOR D1 SWEARING IN CEREMONY (\$419.62)
 DISTRICT 1 FOOD PERMIT FEE FOR D1 2025 SWEARING-IN (\$148.00)
 DISTRICT 1 SWEARING IN CEREMONY A/V SERVICES HELD ON 7/22/25 (\$4,332.28)

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 Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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