

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 01/22/2026 10:49:33 AM 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		<input type="checkbox"/> Amendment (explain in comment section)	Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 4582 South Ulster St, Ste 1410	First Name Denver	<input checked="" type="checkbox"/> Other	T2 BORREGO LLC
	Address	City		CO 80237
				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	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other	Name of Lodging Facility
	Check Applicable Boxes					
\$ 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 	Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:49:33 -0800	Print Name Andrew Potter	Title Clerk of the Board	Date (month, day, year) 01/22/26
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Comment:

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

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

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