Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

CLERK OF THE BOARD 2025 JUL 15 PM 3:54

1. Agency Name

COUNTY OF SAN DIEGO

Division, Department, or Region (if applicable)

BOARD OF SUPERVISORS, DISTRICT 1

Street Address

1600 PACIFIC HIGHWAY, STE 335, SAN DIEGO, CA

Area Code/Phone Number: 619-531-5511

Email: PAUL.WORLIE@SDCOUNTY.CA.GOV

Agency Contact (name and title)

PAUL WORLIE, CHIEF OF STAFF

☐ **Amendment** (explain in comment section)

Date of Original Filing: 11/20/25 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ☐ Other SOUTHWEST STRATEGIES, LLC (Name)

401 B STREET SUITE 150 (Address) SAN DIEGO (City) CA (State) 92101 (Zip Code)

HANDLES PUBLIC RELATIONS, GOVERNMENT RELATIONS AND COMMUNICATIONS

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)

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:

12/22/2025 (Dates (month, day, year)) $ 764.65 (Total Expenses)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

REIMBURSEMENT FOR PURCHASE OF TURKEY FOR D1 TURKEY DISTRIBUTION EVENT HELD ON 12/22/25

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

_____ (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.

Paul Worlie Digitally signed by Paul Worlie Date: 2026.07.14 09:38:54 -07'00' (Signature) PAUL WORLIE (Print Name) CHIEF OF STAFF (Title) _____ (month, day, year)

Comment: ORIGINAL FORM AMENDED AS DONATION WAS EXPENDED

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

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