

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 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

Date Stamp

CLERK OF THE BOARD
2025 JUL 15 PM 3:54**California Form 801**

For Official Use Only

☒ **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**

T2 BORREGO LLC

Name

4582 SOUTH ULSTER, ST STE 1410

DENVER

CO

80237

Address

City

State

Zip Code

DEVELOPS RESORT GOLF ESTATE

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)

\$ 0.10

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: 2025.07.14 09:38:25 -0700

PAUL WORLIE

CHIEF OF STAFF

Signature

Print Name

Title

(month, day, year)

Comment: ORIGINAL FORM AMENDED AS DONATION WAS EXPENDED

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

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

Clear Page