

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

|                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                         |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>COUNTY OF SAN DIEGO<br><b>Division, Department, or Region</b> (if applicable)<br>BOARD OF SUPERVISORS, DISTRICT 1<br><b>Street Address</b><br>1600 PACIFIC HWY, STE 326, SAN DIEGO, CA 92101<br><b>Area Code/Phone Number</b> 619-531-5511<br><b>Email</b> PALOMA.AGUIRRE@SDCOUNTY.CA.GOV<br><b>Agency Contact</b> (name and title)<br>PAUL WORLIE, CHIEF OF STAFF |  | <b>Date Stamp</b><br><br>COSD CLERK OF THE BOARD<br>2026 OCT 22 AM 8:24 | <b>California Form 801</b><br>For Official Use Only |
| <input type="checkbox"/> <b>Amendment</b> (explain in comment section)<br><b>Date of Original Filing:</b> _____<br>(month, day, year)                                                                                                                                                                                                                                                       |  |                                                                         |                                                     |

## 2. Donor Name and Address

|                                            |  |                                                  |  |                   |  |
|--------------------------------------------|--|--------------------------------------------------|--|-------------------|--|
| <input type="checkbox"/> <b>Individual</b> |  | <input checked="" type="checkbox"/> <b>Other</b> |  | SAN YSIDRO HEALTH |  |
| Last Name                                  |  | First Name                                       |  | Name              |  |
| 1601 PRECISION PARK LANE                   |  | SAN DIEGO                                        |  | CA 92173          |  |
| Address                                    |  | City                                             |  | State Zip Code    |  |

NON-PROFIT ORGANIZATION OFFERING AFFORDABLE HEALTH CARE SERVICES

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       | <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:

|                          |                |
|--------------------------|----------------|
| 10/20/26                 | \$ 2,500.00    |
| Dates (month, day, year) | Total Expenses |

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

FOR GENERAL PUBLIC EVENTS TO BENEFIT THE COMMUNITY. REPORTING FUNDS WERE RECEIVED AND A SEPARATE EXPENDITURE REPORT WILL BE POSTED ONCE THE FUNDS ARE SPENT.

### 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.

|                                                                                         |               |                    |                    |
|-----------------------------------------------------------------------------------------|---------------|--------------------|--------------------|
| Digitally signed by<br>Andrew Potter@sdcounty.ca.gov<br>Date: 2026.10.21 17:13:59 -0700 | ANDREW POTTER | CLERK OF THE BOARD | (month, day, year) |
| Signature                                                                               | Print Name    | Title              | (month, day, year) |

Comment:

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