Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

COUNTY OF SAN DIEGO

Division, Department, or Region (if applicable)

BOARD OF SUPERVISORS, DISTRICT 1

Street Address

1600 PACIFIC HWY, STE 326, SAN DIEGO, CA 92101

Area Code/Phone Number 619-531-5511

Email PALOMA.AGUIRRE@SDCOUNTY.CA.GOV

Agency Contact (name and title)

PAUL WORLIE, CHIEF OF STAFF

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

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☒ Individual — Last Name: HEPP — First Name: BRIAN — ☐ Other — Name: _____

Address: 42835 MEANDER CROSSING CT — City: BROADLANDS — State: VA — Zip Code: 20148

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:

Dates (month, day, year): 10/22/26 — $ Total Expenses: 2,500.00

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.

Signature: Digitally signed by Andrew Potter Date: 2026.11.06 13:42:23 -08'00' — Print Name: ANDREW POTTER — Title: CLERK OF THE BOARD — (month, day, year): _____

Comment:

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

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