

# 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 3 Street Address 1600 Pacific Hwy Ste 335, San Diego, CA 92101		Date Stamp 01/22/24 11:36 CLERK OF THE BOARD	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5533	Email Terra.Lawson-Remer@sdcounty.ca.gov		
Agency Contact (name and title) Meghan, Elledge, Chief of Staff		<input type="checkbox"/> Amendment (explain in comment section)	Date of Original Filing: _____ (month, day, year)

## 2. Donor Name and Address

<input checked="" type="checkbox"/> Individual	Bell	Jay	<input type="checkbox"/> Other	Name
	Last Name	First Name		
PO Box 230545		Encinitas	CA	92023
Address		City	State	Zip Code

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: 2/7/24 - 7/17/24 \$ 628.91  
Dates (month, day, year) Total Expenses

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

DISTRICT 3 REGISTRATION FEE PAYMENT FOR SD PRIDE PARADE 2024 (\$184.38)

DISTRICT 3 2024 MEET AND GREET RENTAL FEE PAYMENT (250.00)

DISTRICT 3 2024 SD PRIDE EVENT FANS, GLASSES, AND WIGS (194.53)

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

Elledge	Meghan	Chief of Staff	Board of Supervisors/D3
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 Andrew.Potter@sdcounty.ca.gov Date: 2024.01.22 10:52:07 -0800	Andrew Potter	Clerk of the Board	01/22/26
Signature		Print Name	Title	(month, day, year)

Comment:

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

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

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