

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name County of San Diego		Date Stamp CLERK OF THE BOARD 2026 JAN 22 AM 11:36	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 3			
Street Address 1600 Pacific Hwy Ste 335, San Diego, CA 92101			
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 Last Name	Jay First Name	<input type="checkbox"/> Other	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		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: 2026.01.22 10:52:07 -08'00'	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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