

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 Area Code/Phone Number 619-531-5533 Agency Contact (name and title) Meghan, Elledge, Chief of Staff		Date Stamp COO CLERK OF THE BOARD 2026 APR 22 AM 11:35	California Form 801 For Official Use Only
Email Terra.Lawson-Remer@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name _____ First Name _____ PO Box 129007 Address _____ City _____ State _____ Zip Code _____ Electricity provider company in San Diego County If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	<input checked="" type="checkbox"/> Other SDGE Name _____ CA 92112 State _____ Zip Code _____
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→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name _____	\$ _____	Name _____	\$ _____
Amount		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 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:

2/7/24	\$ 1,315.62
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

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 10:52:16 -0800 Signature	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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