

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 2026.01.22 10:52:16:000 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 type="checkbox"/> Individual | Last Name PO Box 129007 | First Name San Diego | <input checked="" type="checkbox"/> Other | SDGE |
| | Address | City | State | CA 92112 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.

→ 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

| | | | | | | |
|-------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------|
| 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 |
| Location of Travel | | | | | | Dates (month, day, year) |
| \$ 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.

| | | | | |
|--|---|-----------------------------|-----------------------------|---|
| Signature  | Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:52:16 -08:00 | Print Name Andrew Potter | Title Clerk of the Board | Date (month, day, year) 01/22/26 (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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