

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

Email

Terra.Lawson-Remer@sdcounty.ca.gov

Agency Contact (name and title)

Meghan Elledge, Chief of Staff

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

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

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

San Diego Probation Officer Association

Name

8388 Vickers St.

San Diego

CA

92111

Address

City

State

Zip Code

Law Enforcement Association

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:

4/21/25

Dates (month, day, year)

\$ 4,979.97

Total Expenses

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

Food catering services for the 2025 State of the County event held on April 16th, 2025.

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

Meghan Elledge

Print Name

Chief of Staff

Title

5/5/25
(month, day, year)

Comment:

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

Clear Page

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