

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
<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 <u>David Wick</u> Last Name First Name	<input type="checkbox"/> Other _____ Name
<u>1199 Pacific Hwy Unit 2706</u> Address	<u>San Diego</u> <u>CA</u> <u>92101</u> 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) _____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes
Transportation Provider _____ Name of Lodging Facility _____	
\$ _____ Lodging Expenses	\$ _____ Meal Expenses
\$ _____ Transportation Expenses	\$ _____ Other Expenses
\$ _____ Total Expenses	

3.1 (b) Payment(s) not related to travel:

<u>4/28/25</u> Dates (month, day, year)	\$ <u>852.79</u> Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Reimbursement for decorations and radio communication devices 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.

<u>Meghan Elledge</u> Signature	<u>Meghan Elledge</u> Print Name	<u>Chief of Staff</u> Title	<u>5/5/25</u> (month, day, year)
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Comment:

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