	port	A Public Docum	ent 2 4	PAYMENT TO AGENCY REP
Agency Name			Date Stamp	California O O
County of San Diego				Form 8U
Division, Department, or Region (if applicable)			Line Internal	For Official Use Only
Board of Supervisors, Distric			CD magain See again Let again Let again	
Street Address				
1600 Pacific Hwy, Ste 335, S	San Diego, CA 921	01		
	Email			
		mer@sdcounty.ca.gov	Amendment (expla	in in comment section)
Agency Contact (name and title)			Date of Original Filing	ı
Meghan Elledge, Chief of Sta	aff			(month, day, year)
Donor Name and Addres				
Double Miles	5			
■ Individual David Wick	First N	Ot	her	N
1199 Pacific Hwy Unit 2706	LIL2( IA	San Diego	CA	Name 92101
Address		City	State	Zip Code
			3-2,3	2,5 0000
"Other" is marked, describe the entity's I	husingsa activity (if husing	te) or its pature and internals		
, , , , , , , , , , , , , , , , , , , ,		or the material and attended.		
If applicable, ide	entify the name of ea	ch source and the amount	(s) received by the donor fo	r this payment:
	•			
Name	<b>3</b>	Amount	Name	S Amount
Payment information (Co	molete Sections	31/2 or h) 32 33	21	
	p.otc ocotion.	3 0.1 (a Ol D), 3.2, 3.0	"	
3.1 (a) Travel Payment		cation of Travel		
	Lo	Caudit Of 11246		Dates (month, day, year)
Transportation Provider	Rail	☐ Air ☐ Bus ☐	Auto Other	
Hanshorrenon Linkings		Check Applicable Boxes		Name of Lodging Facility
		\$	\$	\$
\$\$				
Lodging Expenses \$	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
		4/21/2	5	
3.1 (b) Payment(s) not relat	ted to travel:	4/21/2 Dates (mo	5 \$ 1,000 onth. day, year)	.00 Total Expenses
3.1 (b) Payment(s) not relat	ted to travel:	4/21/2: Dates (mo	5 \$ 1,000 onth. day, year)	.00 Total Expenses
3.1 (b) Payment(s) not relate. 2. Payment Description.	ted to travel:  Provide a specific	4/21/2 Dates (mo	5 \$ 1,000  yment and its agency p	Total Expenses
3.1 (b) Payment(s) not related. 3.2. Payment Description.	ted to travel:  Provide a specific	4/21/2 Dates (mo	5 \$ 1,000  yment and its agency p	Total Expenses
3.1 (b) Payment(s) not related. 3.2. Payment Description.	ted to travel:  Provide a specific	4/21/2 Dates (mo	5 \$ 1,000  yment and its agency p	Total Expenses
3.1 (b) Payment(s) not related. 3.2. Payment Description. Photography services for	ted to travel:  Provide a specific or the 2025 State	4/21/2: Dates (mo	s 1,000 mth. day, year)  yment and its agency part held on April 16th,	Total Expenses
3.1 (b) Payment(s) not related. 3.2. Payment Description. Photography services for	ted to travel:  Provide a specific or the 2025 State	4/21/2: Dates (mo	s 1,000 mth. day, year)  yment and its agency part held on April 16th,	Total Expenses
3.1 (b) Payment(s) not related.  3.2. Payment Description.  Photography services for	ted to travel:  Provide a specific or the 2025 State	4/21/2: Dates (mo	s 1,000 mth. day, year)  yment and its agency part held on April 16th,	Total Expenses
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3.1 (b) Payment(s) not related.  3.2. Payment Description.  Photography services for the services of the services.  3.3. Identify the officials where the services of the services.	ted to travel:  Provide a specific or the 2025 State no used the payme	4/21/2: Dates (mo	5 \$ 1,000  syment and its agency point held on April 16th, instructions)	Total Expenses Ourpose and use. 2025.
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3.1 (b) Payment(s) not related as a second s	ted to travel:  Provide a specific or the 2025 State no used the payme	4/21/2: Dates (mo	5 \$ 1,000 onth day, year) syment and its agency part held on April 16th, instructions)	Total Expenses  Ourpose and use.  2025.  Department/Division
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2.1 (b) Payment(s) not related. 2.2. Payment Description. 2. Photography services for a services for a services. 3. Identify the officials where the last Name.  Last Name  Zerification authorized the acceptance of the secreptance of the secr	Provide a specific or the 2025 State no used the paymer First Name first Name Meghan Ellected	a/21/2: Dates (mo	s 1,000  north, day, year)  syment and its agency part held on April 16th,  instructions)  Position/Title  e with FPPC regulations.  hief of Staff	Total Expenses  Durpose and use.  2025.  Department/Division  Department/Division
3.1 (b) Payment(s) not related at the second	Provide a specific or the 2025 State no used the paymer First Name first Name Meghan Ellectors	a/21/2: Dates (mo	s 1,000  north, day, year)  syment and its agency part held on April 16th,  instructions)  Position/Title  e with FPPC regulations.  hief of Staff	Total Expenses  Durpose and use.  2025.  Department/Division  Department/Division

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