ayment to Agency Re	ероп	A Public Do	ocument	51 LE1 DE 324	PAYMENT TO AGENCY REI
Agency Name				Date Stamp	California O
County of San Diego				H A	Form 8U
Division, Department, or Region (if applicable)				Line Comment	For Official Use Only
Board of Supervisors, Distri					
Street Address			- 11	E 38	
1600 Pacific Hwy, Ste 335, San Diego, CA 92101					
Area Code/Phone Number	Email			<u> </u>	
619-531-5533		emer@edcouph/ c	a dov	Amendment (expl	ain in comment section)
519-531-5533 Terra.Lawson-Remer@sdcounty.ca.gov			a.gov	Date of Original Filing: (month, day, year)	
Meghan Elledge, Chief of Staff					
Donor Name and Addres	ss				
Individual			Other .	San Diego Imperia	I Counties Labor Counc
Last Name		Name			Name
3737 Camino Del Rio Suite	403	San Diego		CA	92108
		City		State	Zip Code
Non-Profit Organization					
"Other" is marked, describe the entity's	Dusiness activity (if busin	ess) or its nature and inte	rests.		
Name	<u> </u>	Amount		Name	\$Amount
Payment Information (Co	omplete Section	ns 3.1 (a or b), 3	3.2, 3.3)		
3.1 (a) Travel Payment					
	L	ocation of Travel			Dates (month, day, year)
		☐ Air ☐ Bus		57.0 0	, , , , , , , , , ,
Transportation Provider		Air Bus		Other	Name of Lodging Facility
ss		Check Applicable Box	es S		\$
Lodging Expenses \$_	Meal Expenses	Check Applicable Box	s \$_	Other Expenses	\$Total Expenses
Lodging Expenses \$_	Meal Expenses	Check Applicable Box \$ Transportation Expe	s \$_ enses 4/28/25	Other Expenses \$ 190.8	\$
\$\$. Lodging Expenses \$\$. B.1 (b) Payment(s) not rela	Meal Expenses	Check Applicable Boxe \$	snses \$	Other Expenses \$ 190.8	Total Expenses Total Expenses
\$\$.3.1 (b) Payment(s) not relaction. 1.2. Payment Description. Rental of stage and sea	Meal Expenses ated to travel: Provide a specificating for the 202	Check Applicable Boxe Transportation Expe	sinses \$	Other Expenses \$ 190.8 y, year) nt and its agency ent held on Apri	Total Expenses Total Expenses Total Expenses purpose and use.
ss	Meal Expenses ated to travel: Provide a specificating for the 202	Check Applicable Boxe Transportation Expe	sinses \$	Other Expenses \$ 190.8 y, year) nt and its agency ent held on Apri	Total Expenses Total Expenses purpose and use.
\$\$\$. 3.1 (b) Payment(s) not rela 3.2. Payment Description. Rental of stage and sea	Meal Expenses ated to travel: Provide a specificating for the 202	Check Applicable Boxe Transportation Experience Ic description of S State of the (sinses \$	Other Expenses \$ 190.8 y, year) It and its agency ent held on Apri	Total Expenses Total Expenses purpose and use.
\$\$\$\$. 3.1 (b) Payment(s) not rela 3.2. Payment Description. Rental of stage and sea 3.3. Identify the officials with	Meal Expenses ated to travel: Provide a specificating for the 202 ho used the payn	Check Applicable Boxe Transportation Experience Ic description of S State of the (es \$	Other Expenses \$ 190.8 y, year) It and its agency ent held on Apri	Total Expenses Total Expenses Total Expenses purpose and use. I 16th, 2025.
\$\$\$\$\$\$\$\$.3.1 (b) Payment(s) not related. 3.2. Payment Description. Rental of stage and sea. 3. Identify the officials was been searched. Last Name	Meal Expenses ated to travel: Provide a specificating for the 202 ho used the payn	Check Applicable Boxe Transportation Experies ic description of 25 State of the (es \$_enses \$_ense \$_ense \$_enses \$_ense \$_ens	Other Expenses \$ 190.8 y, year) It and its agency ent held on Apri	Total Expenses Total Expenses purpose and use. I 16th, 2025.
\$\$\$\$\$\$\$\$\$	Meal Expenses ated to travel: Provide a specificating for the 202 ho used the payn First Name	Check Applicable Box Transportation Experience To description of the Content in Section 3.	ess \$_enses \$_enses \$_4/28/25 Dates (month, dathe paymer County events) 1 (See instruction Position	Other Expenses \$ 190.8 y, year) Int and its agency ent held on Apri ons)	Total Expenses Total Expenses Purpose and use. I 16th, 2025. Department/Division
\$\$\$\$\$\$\$\$.3.1 (b) Payment(s) not related. 3.2. Payment Description. Rental of stage and sea. 3. Identify the officials was been searched. Last Name	Meal Expenses ated to travel: Provide a specificating for the 202 ho used the payn First Name	Check Applicable Boxe Transportation Experience ic description of 25 State of the Connent in Section 3.	es \$	Other Expenses \$ 190.8 y, year) Int and its agency ent held on Apri ons) Intride Intride FPPC regulations.	Total Expenses Total Expenses Durpose and use. Total Expenses Department/Division Department/Division
Lest Name Last Name Last Name Last Name \$_Lodging Expenses} \$ \$	Meal Expenses ated to travel: Provide a specificating for the 202 ho used the payn First Name of the reported pay Meghan Elle	Check Applicable Boxe Transportation Experience ic description of 25 State of the Connent in Section 3.	ess \$_enses \$_enses \$_4/28/25 Dates (month, dathe paymer County events) 1 (See instruction Position	Other Expenses \$ 190.8 y, year) Int and its agency ent held on Apri ons) In/Title FPPC regulations.	Total Expenses Total Expenses purpose and use. 1 16th, 2025. Department/Division Department/Division
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