

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 2025 MAY 7 AM 11:15 CLERK OF THE SUPERIOR COURT	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 type="checkbox"/> Individual Last Name 3737 Camino Del Rio Suite 403 Address	First Name San Diego City	<input checked="" type="checkbox"/> Other San Diego Imperial Counties Labor Council Name CA State	Zip Code 92108
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Non-Profit Organization

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	Name of Lodging Facility
Transportation Provider	\$ Lodging Expenses	\$ Meal Expenses
\$ Transportation Expenses	\$ Other Expenses	\$ Total Expenses

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

4/30/25 Dates (month, day, year)	\$ 1,809.20 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

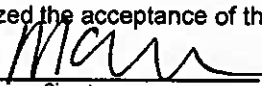
Printed materials for the 2025 State of the County event held on April 16th, 2025.

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 	Print Name Meghan Elledge	Title Chief of Staff	Date 05/05/25 (month, day, year)
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Comment:

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

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

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