Agency Name	port A Public Docum	nent g 🖺	PAYMENT TO AGENCY REPO
County of San Diego		Date Stamp	California O O
County of San Diego		Lid 1982 per STA	Form OU
Division, Department, or Regio	n (if applicable)	June Calle	For Official Use Only
Board of Supervisors, District	3	- 1 100 Mars	
Street Address		CE Take	
1600 Pacific Hwy, Ste 335, Sa	an Diego, CA 92101		
	Email	() () () () () () () () () ()	
	Terra.Lawson-Remer@sdcounty.ca.gov	Amendment (explain	in comment section)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Meghan Elledge, Chief of Sta	ff		(month, day, year)
Donor Name and Address			
Todd Matters			
Individual Last Name	First Name	Other	Vame
2001 Camino Del Rio South	San Diego	CA	92108
Address	City	State	Zip Code
	usiness activity (if business) or its nature and interests. Intify the name of each source and the amoun	nt(s) received by the donor for	this payment:
	\$		*
Name	Amount	Name	Amount
	Check Applicable Boxes \$ Meal Expenses Transportation Expenses	\$Other Expenses	STotal Expenses
3.1 (b) Payment(s) not relat		Ψ	
		month, day, year)	Total Expenses
	Decuido o appolític deportation of the c		
3.2. Payment Description. I			
Printed materials for the	2025 State of the County event he used the payment in Section 3.1 (Se	eld on April 16th, 2025.	
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Printed materials for the 3.3. Identify the officials wh Last Name Last Name	2025 State of the County event he to used the payment in Section 3.1 (se First Name First Name f the reported payment(s) as in complian Meghan Elledge	eld on April 16th, 2025. e instructions) Position/Title Position/Title ace with FPPC regulations. Chief of Staff	Department/Division

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