

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 15 2025 MAY 7 AM 15	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 First Name 4855 Seminole Dr. San Diego CA 92115 Address City State Zip Code Labor Union		<input checked="" type="checkbox"/> Other United Domestic Workers of America Name
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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)	
Transportation Provider	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility	
Check Applicable Boxes			
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
		\$ Total Expenses	

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

4/11/25	\$ 4,999.00
Dates (month, day, year)	Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Teleprompter services 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	Meghan Elledge Print Name	Chief of Staff Title	5/5/25 (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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