Agency Name				
Agency Haine			Date Stamp	California O O
County of San Diego				Form OU
Division, Department, or Re	gion (if applicable)		June Can	For Official Use Only
Board of Supervisors, Distr			Section 1995 Carlo	
Street Address				
1600 Pacific Hwy, Ste 335	San Diogo CA 02404		3 KA A 42	
Area Code/Phone Number	Email			<u> </u>
619-531-5533	Terra.Lawson-Remer@sdcounty.	ca.gov	Amendment (explain	in comment section)
Agency Contact (name and title) Meghan Elledge, Chief of S			Date of Original Filing:	(month, day, year)
Donor Name and Addre	ess			
Till attach on			Cox Communication	
] Individual Last Name	First Name	Other		Name
3415 Kashiwa St	Torrance		CA	90505
ddress	City		State	Zip Code
Felecommunications Comp	pany			
•	's business activity (if business) or its nature and in	tornete		
a will in the many	o Sasmoss accounty (in Descrices) or its mature and ar	(E16313,		
If applicable,	identify the name of each source and the	e amount(s) re	ceived by the donor for	this payment:
				<i>(,</i>
Name	\$		Name	\$
	Complete Sections 3.1 (a or b),			Andan
Transportation Provider	Check Applicable Bo	oxes	, n	lame of Lodging Facility
Lodging Expenses	Meal Expenses S Transportation Ex	\$	Other Expenses	\$Total Expenses
Lodging Expenses	Meal Expenses S Transportation Ex	penses \$_	Other Expenses \$ 4,999.0	\$Total Expenses
Lodging Expenses 3.1 (b) Payment(s) not re	Meal Expenses S Transportation Expenses Iated to travel:	penses \$_ 4/21/25 Dates (month, di	Other Expenses \$ 4,999.0	Total Expenses Total Expenses Total Expenses
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