

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 21 PM 4:00

California Form 801

For Official Use Only

2025 MAY 21

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☒ Individual David Wick ☐ Other _____
 Last Name First Name Name
1199 Pacific Hwy Unit 2706 San Diego CA 92101
 Address City State Zip Code

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

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)
 _____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

5/14/25 \$ 1,232.21
 Dates (month, day, year) Total Expenses

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

Working lunch 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 authorize the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Meghan Elledge Chief of Staff 5/19/25
 Signature Print Name Title (month, day, year)

Comment:

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

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

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