

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO		Date Stamp CUSD CLERK OF THE BOARD 2026 OCT 15 AM 11:05	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) BOARD OF SUPERVISORS, DISTRICT 3			
Street Address 1600 PACIFIC HWY STE 326, SAN DIEGO, CA 92101			
Area Code/Phone Number 619-531-5533	Email TERRA.LAWSON-REMER@SDCOUNTY.CA	☐ Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) MEGHAN ELLEDGE, CHIEF OF STAFF			

2. Donor Name and Address

☐ Individual ☒ Other PERATON INC

Last Name: 1875 EXPLORER ST
 First Name: RESTON
 City: VA
 State: 20190
 Zip Code:

PROVIDES CYBERSECURITY, IT SERVICES, CLOUD MIGRATION, AND DIGITAL SOLUTIONS

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
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____

\$ _____ Lodging Expenses
 \$ _____ Meal Expenses
 \$ _____ Transportation Expenses
 \$ _____ Other Expenses
 \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: 10/14/26 \$ 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.

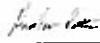
FOR GENERAL PUBLIC EVENTS TO BENEFIT THE COMMUNITY. REPORTING FUNDS WERE RECEIVED AND A SEPARATE EXPENDITURE REPORT WILL BE POSTED ONCE THE FUNDS ARE SPENT.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

ELLEDGE	MEGHAN	CHIEF OF STAFF	BOS DISTRICT 3
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.

 Digitally signed by Andrew Potter@sdcounty.ca.gov Date: 2026.10.15 16:18:26 -0700	ANDREW POTTER	CLERK OF THE BOARD	10/15/26
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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