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 326, SAN DIEGO, CA 92101

Area Code/Phone Number	Email
619-531-5533	TERRA.LAWSON-REMER@SDCOUNTY.CA

Agency Contact (name and title)

MEGHAN ELLEDGE, CHIEF OF STAFF

Date Stamp

California Form 801

For Official Use Only

☐ **Amendment** (explain in comment section)

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

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

■ Other SINGLETON SCHREIBER LLC (Name)

Address	City	State	Zip Code
591 CAMINO DE LA REINA STE 1025	SAN DIEGO	CA	92108

LAW FIRM SPECIALIZING IN MASS TORTS, ENVIRONMENTAL LITIGATION, AND CLASS ACTIONS

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))

_____ (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (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:

11/2/26 (Dates (month, day, year)) $ 4,999.00 (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)

Last Name	First Name	Position/Title	Department/Division
ELLEDGE	MEGHAN	CHIEF OF STAFF	BOS DISTRICT 3

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
Digitally signed by Andrew Potter Date: 2026.11.06 13:42:53 -08'00'	ANDREW POTTER	CLERK OF THE BOARD	

Comment:

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

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