

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

Date Stamp

California **801**  
Form

For Official Use Only

County of San Diego

Division, Department, or Region (if applicable)

Board of Supervisors, District 1

Street Address

1600 Pacific Hwy, Ste 335, San Diego

Area Code/Phone Number

619-531-5511

Email

Paloma.Aguirre@sdcounty.ca.gov

Agency Contact (name and title)

Andrew Potter, Executive Officer/Clerk of the Board of Supervisors

COST ASSESSMENT APPEALS  
2025 NOV 20 AM 9:33

☐ Amendment (explain in comment section)

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

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

T2 Borrego LLC

Name

4582 South Ulster St, Ste 1410

Denver

CO

80237

Address

City

State

Zip Code

Develops resort golf estate

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

## 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:

03/25/24

Dates (month, day, year)

\$ 4,900.00

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

### 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.

*Andrew Potter*

Digitally signed by  
Andrew.Potter@sdcounty.ca.gov  
Date: 2025.11.19 16:28:12 -0800

Andrew Potter

Executive Officer/Clerk of the Board

11/19/25

Signature

Print Name

Title

(month, day, year)

Comment: Records of donations are available through the Auditor & Controller.

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

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

Clear Page