

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> County of San Diego <b>Division, Department, or Region</b> (if applicable) Board of Supervisors, District 3 <b>Street Address</b> 1600 Pacific Hwy, Ste 335, San Diego <b>Area Code/Phone Number</b> 619-531-5533 <b>Agency Contact</b> (name and title) Meghan Elledge, Chief of Staff		Date Stamp California Form <b>801</b> For Official Use Only COST ASSESSMENT APPEALS 2025 NOV 20 AM 9:31
<b>Email</b> Terra.Lawson-Remer@sdcounty.ca.gov	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_ Last Name First Name
 ☒ Other San Diego Probation Officer Association Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Represents and supports probation officers

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
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## 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
 \_\_\_\_\_ Name of Lodging Facility

Check Applicable Boxes

\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Transportation Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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### 3.1 (b) Payment(s) not related to travel:

03/09/25 \$ 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

### 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.

 Digitally signed by Andrew Potter@sdcounty.ca.gov Date: 2025.11.19 16:55:04 -0800 Signature	Andrew Potter Print Name	Clerk of the Board of Supervisor Title	11/19/25 (month, day, year)
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Comment:

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

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

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