

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

County of San Diego

Date Stamp

California Form 801

For Official Use Only

COSD ASSESSMENT APPEALS
2025 NOV 20 AM 9:31

Division, Department, or Region (if applicable)

Board of Supervisors, District 3

Street Address

1600 Pacific Hwy, Ste 335, San Diego

Area Code/Phone Number

619-531-5533

Email

Terra.Lawson-Remer@sdcounty.ca.gov

☐ 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

Last Name

First Name

☒ Other

Rams Hills

Name

3737 Camino Del Rio S, Ste 202

San Diego

CA

92108

Address

City

State

Zip Code

Desert-course resort golf and hospitality

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:

04/21/25

Dates (month, day, year)

\$ 4,500.00

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.



Digitally signed by
Andrew Potter@sdcounty.ca.gov
Date: 2025.11.19 16:54:40 -0800

Andrew Potter

Clerk of the Board of Supervisor

11/19/25

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

Clear Page