

# 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		<b>Date Stamp</b> California <b>801</b> Form For Official Use Only COSO ASSESSMENT APPEALS 2025 NOV 20 AM 9:32
<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 \_\_\_\_\_ ☒ Other United Domestic Workers of America  
 Last Name First Name Name

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

Labor union representing home care workers

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 \_\_\_\_\_  
 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:

03/27/2025 \$ 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.

	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)