Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

COSD CLERK OF THE BOARD
~~COSD ASSESSMENT APPEALS~~
2025 NOV 20 AM 9:32

1. Agency Name

County of San Diego

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

Agency Contact (name and title)

Meghan Elledge, Chief of Staff

Date Stamp

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

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

2. Donor Name and Address

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

■ Other United Domestic Workers of America (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))

_____ (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: 03/27/2025 (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

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.

[signature] Digitally signed by Andrew.Potter@sdcounty.ca.gov Date: 2025.11.19 18:53:57 -08'00' (Signature) | Andrew Potter (Print Name) | Clerk of the Board of Supervisor (Title) | 11/19/25 (month, day, year)

Comment:

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

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