

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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 California Form 801 For Official Use Only COST ASSESSMENT APPEALS 2025 NOV 20 AM 9:32
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name 13881 Danielson St Poway CA 92064 Address City State Zip Code	<input checked="" type="checkbox"/> Other Deputy Sheriffs' Association Name
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Represents and supports law enforcement 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)
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility
Transportation Provider \$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses	

3.1 (b) Payment(s) not related to travel:

04/08/2025	\$ 4,995.00
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 Date: 2025.11.19 16:53:40 -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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