

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> 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      Email 619-531-5533      Terra.Lawson-Remer@sdcounty.ca.gov Agency Contact (name and title) Meghan Elledge, Chief of Staff		Date Stamp <b>California Form 801</b> For Official Use Only <i>BOARD CLERK OF THE BOARD</i> <del>COURT APPEALS APPEALS</del> 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**

Individual Wick David  Other \_\_\_\_\_  
Last Name      First Name      Name

1199 Pacific Hwy Unit 2706 San Diego CA 92101  
Address      City      State      Zip Code

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

**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:** \_\_\_\_\_ \$ 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)**

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

**4. Verification**

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

*Andrew Potter*      **Andrew Potter**      Clerk of the Board of Supervisor      11/19/25  
Digitally signed by Andrew Potter@sdcounty.ca.gov Date: 2025.11.19 16:31:34 -0800      Signature      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_  
 (Use this space or an attachment for any additional information)

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