

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only COSD ASSESSMENT APPEALS 2025 NOV 20 AM9:32
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>	<b>Email</b>	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	
619-531-5533	Terra.Lawson-Remer@sdcounty.ca.gov		
<b>Agency Contact</b> (name and title)			
Meghan Elledge, Chief of Staff			

## 2. Donor Name and Address

<input checked="" type="checkbox"/> <b>Individual</b>	Wick	David	<input type="checkbox"/> <b>Other</b>	
	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:

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	<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
\$	\$	\$
Lodging Expenses	Meal 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.

 Digitally signed by Andrew Potter@sdcounty.ca.gov Date: 2025.11.19 16:31:34 -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)