.,	eport	A Public Document	k.	2020AFFFBAGENOMBENG
. Agency Name			Date Stamp	California On
County of San Diego				Form OU
Division, Department, or Reg	gion (if applicable)		1	For Official Use Only
Board of Supervisors, Distr	rict 3			
Street Address			İ	ti di
1600 Pacific Hwy, Ste 335,	San Diego, CA 921	01		
Area Code/Phone Number	Email		☐ Amendment (eve	lain in comment section)
619-531-5533	Terra.Lawson-Ren	mer@sdcounty.ca.gov	Amendment (exp	am in comment section)
Agency Contact (name and title)	4-7		Date of Original Filir	g:(month, day, year)
Meghan Elledge, Chief of S	Staff			(menni, day, year)
. Donor Name and Addre	ess			
■ Individual Bell	Jay	Other		
Last Name	First N	ame		Name
PO Box 230545		Encinitas	CA	92023
Address		City	State	Zip Code
If "Other" is marked, describe the entity	'a husiassa satisitu (if husiass	and as its mature and interests		
ii Otilei is marked, describe the entity	s business activity (ii busines	ss) or its nature and interests.		
If applicable,	identify the name of ea	ch source and the amount(s) re	eceived by the donor	for this payment:
	\$			\$
Name		Amount	Name	Amount
. Payment Information (C	Complete Sections	s 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment				
	Lo	cation of Travel		Dates (month, day, year)
		☐ Air ☐ Bus ☐ Auto	o □ Other	
Transportation Provider		Check Applicable Boxes		Name of Lodging Facility
\$		\$ \$		\$
\$\$Lodging Expenses	Meal Expenses	\$\$. Transportation Expenses	Other Expenses	\$ Total Expenses
\$S		1/26/24	\$ 210.	03
3.1 (b) Payment(s) not re	lated to travel:	1/26/24 Dates (month, of	\$ 210.	O3 Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	1/26/24	\$ 210.	O3 Total Expenses
3.1 (b) Payment(s) not re 3.2. Payment Description	lated to travel: Provide a specific	1/26/24 Dates (month, of the payment)	$\frac{210}{\text{day, year}}$	Total Expenses purpose and use.
3.1 (b) Payment(s) not re 3.2. Payment Description	lated to travel: Provide a specific	1/26/24 Dates (month, of	$\frac{210}{\text{day, year}}$	Total Expenses purpose and use.
3.1 (b) Payment(s) not re 3.2. Payment Description	lated to travel: Provide a specific	1/26/24 Dates (month, of the payment)	$\frac{210}{\text{day, year}}$	Total Expenses purpose and use.
3.1 (b) Payment(s) not re3.2. Payment DescriptionDecorations used for page 1	lated to travel: Provide a specific public event (Distr	1/26/24 Dates (month, or compared to the payment) Tict 3's Three Year Impared to the payment of the payment o	\$ 210. day, year) ent and its agency act Event), held	Total Expenses purpose and use.
3.1 (b) Payment(s) not re3.2. Payment DescriptionDecorations used for p3.3. Identify the officials of the control of the	lated to travel: Provide a specific public event (Distroyen) Who used the paym	1/26/24 Dates (month, or compared to the payment) Tict 3's Three Year Impared to the payment of the payment o	\$ 210. day, year) ent and its agency act Event), held of	Total Expenses purpose and use. on January 26, 2024.
3.1 (b) Payment(s) not re3.2. Payment DescriptionDecorations used for p3.3. Identify the officials of Lawson-Remer	lated to travel: Provide a specific public event (Distribute of the payment) Terra	1/26/24 Dates (month, or compared to the payment of the payment o	\$\frac{210}{\text{day, year)}}\$ ent and its agency act Event), held act Event	Total Expenses purpose and use. on January 26, 2024. Board of Supervisors/D3
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