

# Payment to Agency Report

# A Public Document

**California Form 801**  
For Official Use Only

<b>1. Agency Name</b> County of San Diego		Date Stamp
Division, Department, or Region (if applicable) Board of Supervisors, District 3		
Street Address 1600 Pacific Hwy, Ste 335, San Diego, CA 92101		
Area Code/Phone Number 619-531-5533	Email Terra.Lawson-Remer@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Agency Contact (name and title) Meghan Elledge, Chief of Staff		

**2. Donor Name and Address**

Individual Bell Jay  Other \_\_\_\_\_  
Last Name First Name Name

PO Box 230545 Encinitas CA 92023  
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:** \_\_\_\_\_ \$ 210.03  
Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Decorations used for public event (District 3's Three Year Impact Event), held on January 26, 2024.

**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

<u>Lawson-Remer</u>	<u>Terra</u>	<u>Supervisor</u>	<u>Board of Supervisors/D3</u>
<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.

<u>James Canning</u>	<u>James Canning</u>	<u>Chief External Affairs Officer</u>	<u>02/22/24</u>
<small>Digitally signed by James Canning Date: 2024.02.27 10:31:20 -0800</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

