

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 2
Street Address
1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101
Area Code/Phone Number
619-531-5522
Email
JOEL.ANDERSON@SDCOUNTY.CA.GOV
Agency Contact (name and title)
HEATHER KOSZKA, DIRECTOR OF OPERATIONS
Date Stamp
California Form 801
For Official Use Only
COSO CLERK OF THE BOARD
2026 MAY 5 PM 3:19
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other ACCENTURE, LLP
Last Name First Name Name
161 N CLARK ST CHICAGO IL 60601
Address City State Zip Code
MANAGEMENT CONSULTING AND PROFESSIONAL SERVICES

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 Rail Air Bus Auto Other
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
4/13/26 \$ 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. REPORTING FUNDS WERE RECEIVED AND A SEPERATE EXPENDITURE REPORT WILL BE POSTED ONCE THE FUNDS ARE SPENT.

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.
Signature Print Name Title (month, day, year)
ANDREW POTTER CLERK OF THE BOARD

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

Clear Page