

## Payment to Agency Report

## A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO Division, Department, or Region (if applicable) BAORD OF SUPERVISORS, DISTRICT 2 Street Address 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101		Date Stamp Clerk of the Board 2026-01-22 AM11:37	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5522	Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date of Original Filing 2026-01-22 AM11:37	(month, day, year)

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name PO Box 612	First Name Jamul	<input checked="" type="checkbox"/> Other	Jamul Indian Village of California CA 91935
Address	City		State	Zip Code

Federally recognized tribe from the Kumeyaay Nation of Southern California

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

Transportation Provider	Location of Travel	Dates (month, day, year)		
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other		Name of Lodging Facility		
Check Applicable Boxes				
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses	\$ Total Expenses

3.1 (b) Payment(s) not related to travel:	8/16/24-9/23/24	\$ 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.

DISTRICT 2 TRIFOLD SCRIPPS RANCH MAILER PRINTING SERVICES (\$2,579.64)

DISTRICT 2 PARENTAL RIGHTS MAILER PRINTING SERVICES (\$2,419.36)

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

Koszka	Heather	Director of Operations	Board of Supervisors/D2
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: 2026.01.22 10:50:48 -0800	Andrew Potter	Clerk of the Board	01/22/26
Signature		Print Name	Title	(month, day, year)

## Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov