

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 Area Code/Phone Number 619-531-5522 Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date Stamp 2026 JAN 22 AM 11:07 CLERK OF THE BOARD	California Form 801 For Official Use Only
Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other **Jamul Indian Village of California**
 Last Name First Name Name
 PO Box 612 Jamul 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

Location of Travel _____ Dates (month, day, year) _____
 Transportation Provider _____ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
 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:

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 Date: 2026.01.22 10:50:48 -08'00'	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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