

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 11:37 COO 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

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other		McGovern Law Group	
Last Name 9230 Fuetre Dr Ste 103		First Name La Mesa		Name CA 91941	
Address Law firm		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:

Name	\$	Amount	Name	\$	Amount
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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	<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:

9/23/24 Dates (month, day, year)	\$ 500.00 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

DISTRICT 2 MAILER PRINTING SERVICES (\$500.00)

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

Koszka Last Name	Heather First Name	Director of Operations Position/Title	Board of Supervisors/D2 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.

Andrew Potter Signature	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)

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

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