

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		Date Stamp 01/26/2024 11:37 RECEIVED BY THE BOARD 2024 JAN 22 AM 11:37	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5522	Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing 2024 JAN 22 (month, day, year)
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 9275 Sky Park Ct	First Name San Diego	<input checked="" type="checkbox"/> Other	Molina Healthcare, Inc
	Address	City		Name CA 92123

Healthcare plan provider

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	\$	Name	\$

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

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		
				\$ 1,000.00		Total Expenses

3.1 (b) Payment(s) not related to travel:

9/23/24

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

DISTRICT 2 TRIFOLD PARENTAL RIGHTS MAILER PRINTING SERVICES (\$2,500.00)

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: 2024.01.22 10:51:06 -08'00'

Signature

Andrew Potter

Print Name

Clerk of the Board

Title

01/22/26

(month, day, year)

Comment:

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

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

Clear Page