

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

|  |   |   |   |
|--|---|---|---|
| <b>1. Agency Name</b><br>COUNTY OF SAN DIEGO<br><b>Division, Department, or Region (if applicable)</b><br>BAORD OF SUPERVISORS, DISTRICT 2<br><b>Street Address</b><br>1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101<br><b>Area Code/Phone Number</b><br>619-531-5522<br><b>Agency Contact (name and title)</b><br>HEATHER KOSZKA, DIRECTOR OF OPERATIONS |   | <b>Date Stamp</b><br>2026 JAN 22 AM 11:07<br>CLERK OF THE BOARD | <b>California Form 801</b><br>For Official Use Only |
| <b>Email</b><br>JOEL.ANDERSON@SDCOUNTY.CA.GOV  | <input type="checkbox"/> <b>Amendment</b> (explain in comment section)<br><b>Date of Original Filing</b> _____ (month, day, year) |   |   |

## 2. Donor Name and Address

|   |   |
|---|---|
| <input type="checkbox"/> <b>Individual</b><br>Last Name _____ First Name _____<br>9275 Sky Park Ct<br>Address _____ City _____ State _____ Zip Code _____ | <input checked="" type="checkbox"/> <b>Other</b> Molina Healthcare, Inc<br>Name _____ |
|---|---|

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

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

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

|                          |                |
|--------------------------|----------------|
| 9/23/24                  | \$ 1,000.00    |
| 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 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<br>Andrew Potter<br>Date: 2026.01.22 10:51:06 -08'00'<br>Signature | Andrew Potter<br>Print Name | Clerk of the Board<br>Title | 01/22/26<br>(month, day, year) |
|--|-----------------------------|-----------------------------|--------------------------------|

Comment:

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

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

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