

# 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 AM 11:57	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		<input type="checkbox"/> Amendment (explain in comment section)	Date of Original Filing 2026-01-22 AM 11:57 (month, day, year)

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 880 Canarios Court	First Name Chula Vista	<input checked="" type="checkbox"/> Other	Pacific Southwest Assn of Realtors
Address	City	CA	State	91910 Zip Code

Association of Realtors that provides training services to members

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
<input type="checkbox"/> Lodging Expenses	<input type="checkbox"/> Meal Expenses	<input type="checkbox"/> Transportation Expenses	<input type="checkbox"/> Other Expenses	<input type="checkbox"/> Total Expenses		
3.1 (b) Payment(s) not related to travel:		4/16/24-8/16/24	\$ 591.63	Total Expenses		
		Dates (month, day, year)				

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

DISTRICT 2 PAYMENT FOR CUTLERY FOR 2024 SANCTITY OF HUMAN LIFE EVENT (\$16.30)  
 DISTRICT 2 2024 PHOTO DAY REFRESHMENTS (\$122.94)  
 DISTRICT 2 2024 FENTANYL SAFETY WORKSHOP REFRESHMENTS AND SANITIZING WIPES (\$74.37)  
 DISTRICT 2 2024 EL CAJON COMMUNITY TOWN HALL REFRESHMENTS (\$139.34)  
 DISTRICT 2 2024 MILITARY APPRECIATION REFRESHMENTS (\$134.71)  
 DISTRICT 2 TRIFOLD SCRIPPS RANCH MAILER (\$103.97)

### 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.

Signature 	Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2026-01-22 10:51:14-0800	Print Name Andrew Potter	Title Clerk of the Board	Date (month, day, year) 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