

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF SAN DIEGO <b>Division, Department, or Region (if applicable)</b> BAORD OF SUPERVISORS, DISTRICT 2 <b>Street Address</b> 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101 <b>Area Code/Phone Number</b> 619-531-5522 <b>Agency Contact (name and title)</b> HEATHER KOSZKA, DIRECTOR OF OPERATIONS		<b>Date Stamp</b> 2026 JAN 22 AM 11:37 CLERK OF THE BOARD	<b>California Form 801</b> For Official Use Only
<b>Email</b> JOEL.ANDERSON@SDCOUNTY.CA.GOV		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing</b> (month, day, year)	

## 2. Donor Name and Address

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

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		Name of Lodging Facility	
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other		Check Applicable Boxes	
\$	Lodging Expenses	\$	Meal Expenses
\$	Transportation Expenses	\$	Other Expenses
\$	Total Expenses	\$	Total Expenses

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

4/16/24-8/16/24	\$ 591.63
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 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.

Digitally signed by Andrew Potter@sdcounty.ca.gov Date: 2026.01.22 10:51:14 -0800	Andrew Potter	Clerk of the Board	01/22/26
Signature	Print Name	Title	(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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