

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 Clerk of the Board 2026-01-22 AM 11:38 | 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: <u>2026-01-22</u> (month, day, year) |

2. Donor Name and Address

Individual XJD Other
 Last Name Anderson First Name Heather Name XJD Anderson
 1999 Avenue of Stars Ste 2040 Los Angeles CA 90067
 Address 1999 Avenue of Stars Ste 2040 City Los Angeles State CA Zip Code 90067

Real estate investment company

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 |
|------|----|--------|------|----|--------|

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 |
| \$ 0.00 | | \$ 0.00 | |
| \$ 0.00 | | \$ 0.00 | |
| \$ 0.00 | | \$ 0.00 | |
| 3.1 (b) Payment(s) not related to travel: | | 10/18/24 | \$ 3,264.67 |
| | | 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 TIERRASANTA MAILERMAILER PRINTING SERVICES (\$2,016.00)

DISTRICT 2 TIERRASANTA MAILERMAILER PRINTING SERVICES (\$1,248.67)

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 10:51:30 -0800 | Print Name Andrew Potter | Title Clerk of the Board | Date (month, day, year) 01/22/26 |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------------|

Comment:

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

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

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