

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 0001 CLERK OF THE BOARD 2026 JAN 22 PM 12:50	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)	
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 5555 Grossmont Ctr Dr	First Name La Mesa	<input checked="" type="checkbox"/> Other	Sharp Grossmont Hospital
	Address	City	State CA	Zip Code 91942

Hospital

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

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	

3.1 (b) Payment(s) not related to travel:	8/16/24-10/18/24	\$ 157.35
	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 SCRIPPS RANCH MAILER PRINTING SERVICES (\$7.20)

DISTRICT 2 TIERRASANTA MAILER PRINTING SERVICES (\$150.15)

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
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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 10:51:22 -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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