

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO		Date Stamp COST CLERK OF THE BOARD 2026 JAN 22 PM12:50	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) BAORD OF SUPERVISORS, DISTRICT 2			
Street Address 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101			
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: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other Sharp Grossmont Hospital

Last Name	First Name	Name
5555 Grossmont Ctr Dr	La Mesa	CA 91942
Address	City	State Zip Code
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

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 Check Applicable Boxes	Name of Lodging Facility
\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal 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

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	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)