# Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

**California Form 801**

For Official Use Only

Date Stamp: CLERK OF THE BOARD OF SUPERVISORS 2025 JUN 12 PM 2:32

**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

| Area Code/Phone Number | Email |
|---|---|
| 619-531-5522 | Joel.Anderson@sdcounty.ca.gov |

**Agency Contact** (name and title)

Heather Koszka, Director of Operations

☐ **Amendment** (explain in comment section)

**Date of Original Filing:** _____ (month, day, year)

**2. Donor Name and Address**

☐ Individual _____ (Last Name) _____ (First Name) ☒ Other Sharp Grossmont Hospital (Name)

5555 Grossmont Center Dr (Address) | La Mesa (City) | CA (State) | 91942 (Zip Code)

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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) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $_____ (Meal Expenses) $_____ (Transportation Expenses) $_____ (Other Expenses) $_____ (Total Expenses)

**3.1 (b) Payment(s) not related to travel:** 12/4/24 (Dates (month, day, year)) $ 342.65 (Total Expenses)

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

Printing of Legislative Packets for District 2 constituents.

**3.3. Identify the officials who used the payment in Section 3.1** (See instructions)

| Last Name | First Name | Position/Title | Department/Division |
|---|---|---|---|
| Koszka | Heather | Deputy Chief of Staff | Board of Supervisors/D2 |
| | | | |

**4. Verification**

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

Heather Koszka (Signature) Digitally signed by Heather Koszka Date: 2025.06.05 09:22:19 -07'00' | Heather Koszka (Print Name) | Deputy Chief of Staff (Title) | _____ (month, day, year)

Comment:

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



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