

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

Area Code/Phone Number

619-531-5522

Email

Joel.Anderson@sdcounty.ca.gov

Agency Contact (name and title)

Heather Koszka, Director of Operations

Date Stamp

CLERK OF THE BOARD
2025 JUN 12 PM 2:02

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

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

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

San Diego Electrical Industry Trusts

Name

4545 Viewridge Ave, Ste 110

San Diego

CA

92123

Address

City

State

Zip Code

Voluntary Employees' Beneficiary Association

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)

\$ 1,000.00

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)

Koszka

Heather

Deputy Chief of Staff

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.

Heather.koszka@sdco
Digitally signed by
Heather.koszka@sdcounty.ca.gov
Date: 2025.06.05 09:21:33 -07'00'

Signature

Heather Koszka

Print Name

Deputy Chief of Staff

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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