

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

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

Clay Co

Name

2245 San Diego Ave

San Diego, Ste 222

CA

92110

Address

City

State

Zip Code

A Full Service Government and Public Affairs Firm

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)

\$ 308.62

Total Expenses

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

Printing of 2024 Legislative Packets

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

Digitally signed by Heather Koszka

Signature

Heather Koszka

Print Name

Deputy Chief of Staff

Title

(month, day, year)

Comment:

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