

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 Highway Ste. 335

Area Code/Phone Number

(619) 531-5522

Email

joel.anderson@sdcountry.ca.gov

Agency Contact (name and title)

Heather Koszka, Director of Operations

Date Stamp

CLERK OF THE BOARD  
2024 JUN 18 PM 09

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

XJD

Name

1999 Avenue of the Stars, Suite 2040

Los Angeles

90067

Address

City

State

Zip Code

Real Estate Investment

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

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)

\_\_\_\_\_  Rail  Air  Bus  Auto  Other  
Transportation Provider 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:

5/20/2024

\$ 911.99

Dates (month, day, year)

Total Expenses

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

Mailers inviting the public to attend Fentanyl Safety Workshops.

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

Anderson

Joel

Supervisor

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  
Date: 2024.06.18 15:31:57 -0700'

Heather Koszka

Director of Operation

Signature

Print Name

Title

(month, day, year)

Comment:

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

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