Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

COSD CLERK OF THE BOARD
2026 NOV 2 PM 3:15

1. Agency Name

COUNTY OF SAN DIEGO

Division, Department, or Region (if applicable)

BOARD OF SUPERVISORS, DISTRICT 2

Street Address

1600 PACIFIC HWY, STE 326, 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

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

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

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other PERATON (Name)

15231 AVENUE OF SCIENCE (Address) SAN DIEGO (City) CA (State) 92128 (Zip Code)

GLOBAL PROVIDER OF SCIENTIFIC RESEARCH AND DEVELOPMENT IN DEFENSE SYSTEMS, SOFTWARE DEVELOPMENT AND ENGINEERING.

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: 10/27/26 (Dates (month, day, year)) $ 4,999.00 (Total Expenses)

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

FOR GENERAL PUBLIC EVENTS TO BENEFIT THE COMMUNITY. REPORTING FUNDS WERE RECEIVED AND A SEPARATE EXPENDITURE REPORT WILL BE POSTED ONCE THE FUNDS ARE SPENT.

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

_____ (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.

Digitally signed by Andrew Potter Date: 2026.10.30 16:35:55 -07'00' (Signature) ANDREW POTTER (Print Name) CLERK OF THE BOARD (Title) _____ (month, day, year)

Comment:

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

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