

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

COUNTY OF SAN DIEGO

Division, Department, or Region (if applicable)

BAORD OF SUPERVISORS, DISTRICT 2

Street Address

1600 PACIFIC HWY, STE 335, 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

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

HNTB CORPORATION

Name

1111 MAIN ST STE 2500

KANSAS CITY

MO

64106

Address

City

State

Zip Code

AN EMPLOYEE OWNED FIRM THAT SPECIALIZES IN ARCHITECTURAL AND ENGINEERING SERVICES.

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:

1/8/26

Dates (month, day, year)

\$ 2,500.00

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

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.

Andrew Potter

Digitally signed by Andrew Potter@sdcounty.ca.gov
Date: 2026.01.28 12:27:52 -0800

Signature

ANDREW POTTER

Print Name

CLERK OF THE BOARD

Title

01/28/26

(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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