

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 Agency Contact (name and title) Heather Koszka, Deputy Chief of Staff		Date Stamp California 801 Form For Official Use Only COSD ASSESSMENT APPEALS 2025 NOV 20 AM 9:32
Email Joel.Anderson@sdcounty.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other Jamul Indian Village Development Corporation

Last Name First Name Name
 14191 Highway 94 Jamul CA 91935
 Address City State Zip Code

Supports the tribes governance and social initiatives
 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) _____

_____ ☐ 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:

11/06/25 \$ 4,999.00
 Dates (month, day, year) 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.

 Digitally signed by Andrew Potter Date: 2025.11.19 16:30:58 -0800	Andrew Potter Print Name	Clerk of the Board of Supervisor Title	11/19/25 (month, day, year)
---	-----------------------------	---	--------------------------------

Comment:

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