

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, Deputy Chief of Staff		Date Stamp California 801 Form For Official Use Only COSO ASSESSMENT APPEALS 2025 NOV 20 AM 9:32
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name P.O. Box 612 Jamul CA 91935 Address City State Zip Code Tribal government and developer		<input checked="" type="checkbox"/> Other Jamul Indian Village of California Name
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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
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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 <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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:

01/05/24	\$ 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 16:29:23 -0800 Signature	Andrew Potter Print Name	Executive Officer/Clerk of the Bc Title	11/19/25 (month, day, year)
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Comment: Records of donations are available through the Auditor & Controller.

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