

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, Director of Operations

Date of Stamp

COSD CLERK OF THE BOARD
2024 OCT 25 AM 8:48

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 Other XJD
Last Name First Name Name
1999 Avenue of Stars, Ste 2040 Los Angeles CA 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 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
Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

10/17/2024 \$ 723.34
Dates (month, day, year) Total Expenses

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

Various equipment and refreshments for community and public events.

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

Koszka Heather Director of Operations 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@sdco Digitally signed by Heather Koszka Director of Operations
Signature Print Name Title (month, day, year)

Comment:

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

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