

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 Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date Stamp 2025 JAN 22 AM 11:35 CLERK OF THE BOARD	California Form 801 For Official Use Only
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

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other		Barona Mission Band of Indians	
Last Name 1095 Barona Rd	First Name Lakeside	State CA	Zip Code 92040		
Address Indian Reservation recognized by the US Government as a sovereign nation		City State Zip Code			
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)	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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:

7/24/24 Dates (month, day, year)	\$ 1,373.52 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

DISTRICT 2 TRIFOLD EL CAJON COMMUNITY MAILER PRINTING SERVICES

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

Koszka Last Name	Heather First Name	Director of Operations Position/Title	Board of Supervisors/D2 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: 2026.01.22 10:50:28 -0800 Signature	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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

FPPC Form 801 (Jan/18)
 advice@fppc.ca.gov

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