

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		Date Stamp Digitally signed by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:50:26 -08:00 2025 Jan 22 AM 11:30	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5522	Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		<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 1095 Barona Rd	First Name Lakeside	<input checked="" type="checkbox"/> Other	Barona Mission Band of Indians CA 92040
Address	City	State	Zip Code	

Indian Reservation recognized by the US Government as a sovereign nation

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				
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses	\$ Total Expenses

3.1 (b) Payment(s) not related to travel: 7/24/24 \$ 1,373.52

Dates (month, day, year) Total Expenses

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	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.

	Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:50:26 -08:00	Andrew Potter	Clerk of the Board	01/22/26
Signature	Print Name		Title	(month, day, year)

Comment:

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

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