

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF SAN DIEGO <b>Division, Department, or Region</b> (if applicable) BAORD OF SUPERVISORS, DISTRICT 2 <b>Street Address</b> 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101 <b>Area Code/Phone Number</b> 619-531-5522 <b>Agency Contact</b> (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		<b>Date Stamp</b> COORDINATOR OF THE BOARD 2026 JAN 22 AM 11:57	<b>California Form 801</b> For Official Use Only
<b>Email</b> JOEL.ANDERSON@SDCOUNTY.CA.GOV		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

<input type="checkbox"/> <b>Individual</b>		<input checked="" type="checkbox"/> <b>Other</b>		Barona Band of Mission Indians	
Last Name 1095 Barona Rd	First Name Lakeside	State CA	Zip Code 92040		
Address 1095 Barona Rd		City Lakeside		State CA	
		Zip Code 92040			

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 _____	\$ _____	Name _____	\$ _____
Amount		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 _____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Name of Lodging Facility _____	
Check Applicable Boxes			
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses	\$ Other Expenses
		\$ Total Expenses	

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

7/24/24-10/2/24 Dates (month, day, year)	\$ 420.46 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 (\$32.62)  
 DISTRICT 2 TRIFOLD SCRIPPS RANCH MAILER PRINTING SERVICES (\$197.95)  
 DISTRICT 2 TRIFOLD PARENTAL RIGHTS MAILER PRINTING SERVICES (\$41.57)  
 DISTRICT 2 CERTIFICATE PRESENTATION/PHOTO DAY REFRESHMENTS (\$148.32)

### 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 10:50:36 -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)