

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, CA 92101		Date Stamp 7/24/2024 Clerk of the Board Andrew Potter Signature Digitally signed by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:50:38 -08'00'	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: <u>7/24/2024</u> (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 Band of Mission Indians
	Address	City	State	CA 92040 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

Transportation Provider	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	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	\$ 420.46
	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 (\$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	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.

Signature 	Digital signature by Andrew.Potter@sdcounty.ca.gov Date: 2026.01.22 10:50:38 -08'00'	Print Name Andrew Potter	Title Clerk of the Board	Date 01/22/26
				(month, day, year)

Comment:

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

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