

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF SAN DIEGO		Date Stamp  2026 MAR 23 AM 11:11	California <b>801</b> Form For Official Use Only
Division, Department, or Region (if applicable) BAORD OF SUPERVISORS, DISTRICT 2			
Street Address 1600 PACIFIC HWY, STE 335, SAN DIEGO, CA 92101		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 619-531-5522	Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Barona Band of Mission Indians

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1095 Barona Rd Lakeside 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

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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_  
 \$ \_\_\_\_\_ Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ \_\_\_\_\_ Transportation Expenses    \$ \_\_\_\_\_ Other Expenses    \$ \_\_\_\_\_ Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ 3/19/26 \$ 208.85  
 Dates (month, day, year) Total Expenses

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

REIMBURSEMENT FOR REFRESHMENTS SERVED AT THE SENIORS INTERNET SAFETY EVENT HELD ON 3/14/26

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

<u>Koszka</u>	<u>Heather</u>	<u>Director of Operations</u>	<u>Board of Supervisors/D2</u>
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 Digitally signed by Heather Koszka Date: 2026.03.23 09:58:46 -0700    Heather Koszka    Director of Operations  
 Signature    Print Name    Title    (month, day, year)

Comment:

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

