Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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

Area Code/Phone Number	Email
619-531-5522	JOEL.ANDERSON@SDCOUNTY.CA.GOV

Agency Contact (name and title)

HEATHER KOSZKA, DEPUTY CHIEF OF STAFF

■ **Amendment** (explain in comment section)

Date of Original Filing: 11/20/25 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other BARONA BAND OF MISSION INDIANS (Name)

1095 BARONA ROAD (Address) LAKESIDE (City) CA (State) 92040 (Zip Code)

GAMING RESORT AND HOSPITALITY

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))

_____ (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (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:

4/16/26 (Dates (month, day, year)) $ 98.73 (Total Expenses)

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

STAFF REIMBURSEMENT FOR PURCHASE OF REFRESHMENTS FOR TIERRASANTA AND SERRA MESA COMMUNITY COFFEE TOWNHALL EVENT HELD ON 3/26/26

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

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	Print Name	Title	(month, day, year)
Heather Koszka Digitally signed by Heather Koszka Date: 2026.05.27 12:23:05 -07'00'	HEATHER KOSZKA	DEPUTY CHIEF OF STAFF	

Comment: ORIGINAL FORM AMENDED AS DONATION WAS EXPENDED.

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

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