

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

Area Code/Phone Number

619-531-5522

Email

Joel.Anderson@sdcounty.ca.gov

Agency Contact (name and title)

Heather Koszka, Director of Operations

Date Stamp

2025 JUN 12 PM 2:02

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Jamul Indian Village of California

Name

14191 Highway 94

Jamul

CA

91935

Address

City

State

Zip Code

Federally recognized tribe of Kumeyaay Indians

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:

1/31/25

Dates (month, day, year)

\$ 172.61

Total Expenses

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

Refreshments for public community event: Sanctity of Life

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

Koszka

Heather

Deputy Chief of Staff

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.

Heather Koszka

Digitally signed by Heather Koszka

Signature

Heather Koszka

Print Name

Deputy Chief of Staff

Title

(month, day, year)

Comment:

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

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

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