

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 Highway Ste. 335
 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
 2024 JUN 18 PM 4:10
 CLERK OF THE BOARD

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 _____ Other Barona Band of Mission Indians

Last Name First Name Name
 1095 Barona Road Lakeside CA 92040
 Address City State Zip Code

Indian Reservation recognized by the U.S. 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) _____

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: _____ \$ 249.49
 Dates (month, day, year) 5/20/2024 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Mailers inviting the public to attend Fentanyl Safety Workshops.

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

Anderson Joel Supervisor 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@sdco.unty.ca.gov Digitally signed by Heather.koszka@sdcounty.ca.gov Date: 2024.06.18 15:34:22 -07'00'
 Signature Heather Koszka Director of Operations
 Print Name Title (month, day, year)

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

