

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

California
Form

801

For Official Use Only

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

EX-OF THE BOARD
10/10/2018 PM 3:59

Area Code/Phone Number

619-531-5522

Email

JOEL.ANDERSON@SDCOUNTY.CA.GOV

Amendment (explain in comment section)

Date of Original Filing:

(month, day, year)

Agency Contact (name and title)

HEATHER KOSZKA, DIRECTOR OF OPERATIONS

2. Donor Name and Address

Individual

Last Name

First Name

Other

Barona Band of Mission Indians

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
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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

Name of Lodging Facility

\$ Lodging Expenses

\$ Meal Expenses

\$ Transportation Expenses

\$ Other Expenses

\$ Total Expenses

3.1 (b) Payment(s) not related to travel:

1/7/26

\$ 633.76

Dates (month, day, year)

Total Expenses

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

SUPPLIES AND REFRESHMENTS FOR 2025 HOLIDAY LEGISLATIVE OPEN HOUSE

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

Last Name	First Name	Position/Title	Department/Division
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Last Name	First Name	Position/Title	Department/Division
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4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Heather.koszka@sdco
nty.ca.gov

Digitally signed by
Heather.Koszka@sdcounty.ca.gov
Date: 2026.01.26 14:03:41 -08'00'

Heather Koszka

Director of Operations

Signature

Print Name

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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