

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

## 1. Agency Name

COUNTY OF SAN DIEGO

Date Stamp

California Form 801

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

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
------	----	--------	------	----	--------

## 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:

1/7/26

Dates (month, day, year)

\$ 633.76

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)

Koszka

Last Name

Heather

First Name

Director of Operations

Position/Title

Board of Supervisors/D2

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

Signature

Digitally signed by Heather.koszka@sdco.unty.ca.gov Date: 2025.01.25 14:03:41 -0600

Heather Koszka

Print Name

Director of Operations

Title

(month, day, year)

Comment:

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

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

Clear Page