

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name COUNTY OF SAN DIEGO 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 Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date Stamp COSD CLERK OF THE BOARD 2026 JAN 22 PM12:59	California Form 801 For Official Use Only
Email JOEL.ANDERSON@SDCOUNTY.CA.GOV		<input type="checkbox"/> 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 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:

1/31/25-12/23/25 \$ 520.83
 Dates (month, day, year) Total Expenses

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

DISTRICT 2 REFRESHMENTS FOR SACTITY OF LIFE EVENT (\$157.35)
 DISTRICT 2 COMMUNITY COFFEE AND MILITARY APPRECIATION BREAKFAST (\$295.33)
 DISTRICT 2 ALPINE COMMUNITY COFFEE TOWN HALL EVENT (\$68.15)

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

Koszka	Heather	Director of Operations	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.

 Digitally signed by Andrew Potter Date: 2026.01.22 10:51:37 -0800	Andrew Potter Print Name	Clerk of the Board Title	01/22/26 (month, day, year)
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Comment:

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

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

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