

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		Date Stamp COURT CLERK OF THE BOARD 2026 JAN 22 PM12:59	California Form 801 For Official Use Only
Area Code/Phone Number 619-531-5522	Email JOEL.ANDERSON@SDCOUNTY.CA.GOV	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) HEATHER KOSZKA, DIRECTOR OF OPERATIONS		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name 1095 Barona Rd	First Name Lakeside	<input checked="" type="checkbox"/> Other	Barona Band of Mission Indians Name 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	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other	Name of Lodging Facility
	Check Applicable Boxes					
\$ 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
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4. Verification

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

Digitally signed by
Andrew.Potter@sdcounty.ca.gov
Date: 2026.01.22 10:51:37 -08'00'

Andrew Potter

Signature

Print Name

Clerk of the Board

01/22/26

(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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