

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 Hwy, Ste 335, San Diego, CA 92101

Area Code/Phone Number

619-531-5522

Email

joel.anderson@sdcounty.ca.gov

Agency Contact (name and title)

Heather Koszka, Director of Operations

CLERK OF THE BOARD
2024 FEB 9 AM 10:39

Date Stamp

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

Last Name

First Name

Other

Barona Band of Mission Indians

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:

Barona Band of Mission Indians

\$ 850.00

Classic Fillmworks LLC

\$ 850.00

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:

1/23/24

\$ 850.00

Dates (month, day, year)

Total Expenses

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

Photography services at District 2's Legislative Open House on December 14, 2023.

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
Digitally signed by
Heather.koszka@sdcounty.ca.gov
Date: 2024.02.09 09:37:08 -08'00'

Signature

Heather Koszka

Print Name

Director of Operations

Title

02/06/24

(month, day, year)

Comment:

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

Clear Page