ayment to Agency R	cport	A Public Documer	it & W	PAYMENT TO AGENCY REPOR
. Agency Name	The state of the s		COSD CLERK OF THE BON	California QO1
County of San Diego			出	Form OU
Division, Department, or Region (if applicable)			L (7)	For Official Use Only
Board of Supervisors, District 2			差問	
Street Address			- 35	
1600 Pacific Hwy, Ste 335,	San Diego, CA 9210	11	65	
Area Code/Phone Number	TEmail	J 1	88	
619-531-5522	joel.anderson@sde	county ca dov	Amendment (expla	in in comment section)
Agency Contact (name and title)	Joei.anderson@sd		Date of Original Filing	:
	f Operations			(month, day, year)
Heather Koszka, Director of				
. Donor Name and Addre	SS			
☐ Individual		Othe	Barona Band of Mis	ssion Indians
Last Name	First N	ame		Name
1095 Barona Road		Lakeside	CA	92040
Address		City	State	Zip Code
Indian Reservation recognize			ation	
If "Other" is marked, describe the entity'	s business activity (if busines	ss) or its nature and interests.		
If applicable i	dentify the name of ea	ch source and the amount(s)	received by the donor for	r this payment
Barona Band of Mission Inc			illmworks LLC	850.00
Name	dians \$_850.0	Amount	Name	\$Amount
	1.4.0.4	0.4 ( 1-) 0.0 0.0)		, into unit
. Payment Information (C	omplete Sections	s 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment		antian of Travel	_	Data (see the decree)
	Lo	cation of Travel		Dates (month, day, year)
Transportation Provider	Rail	☐ Air ☐ Bus ☐ Au Check Applicable Boxes	uto Other	Name of Lodging Facility
\$ \$_Lodging Expenses	Meal Expenses	\$ Transportation Expenses	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:	1/23/24	\$ 850.0	0
orr (2, 1 2, 11 21 11 (2, 11 21 21 21 21 21 21 21 21 21 21 21 21		Dates (month	i, day, year)	Total Expenses
3.2. Payment Description				rotal Experience
oizi i ajinoni zocompnen	. Provide a specific	c description of the payr	nent and its agency	packathological rocks of a per systemic of the
		c description of the payr	9950 B B B B B	ourpose and use.
Photography services		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	9950 B B B B B	ourpose and use.
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Photography services		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	9950 B B B B B	ourpose and use.
Photography services at 3.3. Identify the officials w	at District 2's Leg	islative Open House	on December 14, 2	ourpose and use.
3.3. Identify the officials v	at District 2's Leg	pislative Open House of the control	on December 14, 2	ourpose and use. 2023.
<b>.</b> . ,	at District 2's Leg	pislative Open House of the section 3.1 (See instance)	on December 14, 2	ourpose and use.
3.3. Identify the officials v	at District 2's Leg who used the paym Joel	pislative Open House of the section 3.1 (See instance)	on December 14, 2  tructions)  r B	2023.  coard of Supervisors/D2
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Anderson  Last Name	who used the paym Joel  First Name  First Name  c of the reported payr  Heather Kos	ent in Section 3.1 (See instance)  Superviso  Portion  Po	on December 14, 2  tructions)  r Brosition/Title  with FPPC regulations ector of Operations	Durpose and use. 2023.  Dard of Supervisors/D2  Department/Division  Department/Division
3.3. Identify the officials of Anderson  Last Name  Last Name  Last Name  Verification  I authorized the acceptance Heather.koszka@sdco.unit Heather kaska@sdco.unit Heather.koszka@sdco.unit Heathe	who used the paym Joel  First Name  First Name  c of the reported payr  Heather Kos	ent in Section 3.1 (See instance)  Superviso  Portion as in compliance of the section is a section in the section in the section in the section in the section is a section in the section	on December 14, 2  tructions)  r  osition/Title  with FPPC regulations	Durpose and use. 2023.  Dard of Supervisors/D2  Department/Division  Department/Division
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