

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> County of San Diego		Date Stamp 2024 CLERK OF THE BOARD 04 MAR 27 AM 9:45	California <b>Form 801</b> For Official Use Only
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	<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

Individual \_\_\_\_\_  Other Barona Band of Mission Indians

Last Name First Name Name  
 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:

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 \_\_\_\_\_  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:

3/20/2024 \$ 26.99  
 Dates (month, day, year) Total Expenses

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

Reimbursement to County staff who purchased refreshments for public attendees at the Sanctity of Human Life event held on January 22, 2024 at Foothills Christian Church (365 W.Bradley Ave, El Cajon, CA).

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

<u>Anderson</u> Last Name	<u>Joel</u> First Name	<u>Supervisor</u> Position/Title	<u>Board of Supervisors/D2</u> 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  
 unty.ca.gov Date: 2024.03.27 06:57:05 -0700  
 Signature Print Name Title (month, day, year)

Comment:

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

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