

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Fletcher, Nathan		Date Stamp	California 803 Form For Official Use Only
Agency Name County of San Diego			
Agency Street Address 1600 Pacific Highway, RM 335 San Diego, CA 92101			
Designated Contact Person (Name and title, if different) Nathan Fletcher		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 619-531-5872	E-mail (Optional) nathan.fletcher@sdcounty.ca.gov		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Molina Healthcare Inc
 Name
 200 Oceangate #100 Long Beach CA 90802
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Forbes Tate Partners
 Name
 777 6th St. NW, 8th Floor Washington DC 20001
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/21/2020 (month, day, year) **Amount of Payment:** (In-Kind FMV) \$ \$111,659.00 (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: *Molina was the sponsor of the PSA and funded the campaign
 *FTP produced the PSA and coordinated the filming, editing, ad buys

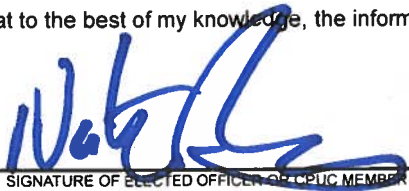
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 1/20/2021 DATE By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER