

Behested Payment Report
 A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803
---	---------------------	--------------------------------------

1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Fletcher, Nathan	AGENCY NAME: County of San Diego	AGENCY STREET ADDRESS: 1600 Pacific Highway, Room 335 San Diego, CA 92101
DESIGNATED CONTACT PERSON (NAME AND TITLE): Nathan Fletcher	AREA CODE/PHONE NUMBER: 619-531-5872	E-MAIL: nathan.fletcher@sdcounty.ca.gov

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

NAME: IBEW 569	ADDRESS: 4545 Viewridge Ave #100	CITY: San Diego	STATE: CA	ZIP CODE: 92123
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.				
BRIEF DESCRIPTION OF PROCEEDINGS:				

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

NAME: San Diego Food Bank	ADDRESS: 9850 Distribution Ave	CITY: San Diego	STATE: CA	ZIP CODE: 92121
<small>For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.</small>				
NAME AND TITLE: Amy Marone	ROLE WITH THE NONPROFIT ORGANIZATION: Accounting Director	BRIEF DESCRIPTION: Food Bank		

4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
11/18/2022	5,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Money was donated to help families receive a Thanksgiving Meal
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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 <u>12/22/2022</u>	By <u>Nathan Fletcher</u>	Digitally signed by Nathan Fletcher Date: 2022.12.23 15:46:59 -0800
DATE	SIGNATURE	FPPC Form 803 (February/2022) advice@fppc.ca.gov