

Behested Payment Report
 A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment <div style="text-align: center;"> / / (Month, Day, Year) </div> # _____ 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: Lyons Foundation	ADDRESS: 3737 Camino del Rio South, Suite 202	CITY: San Diego	STATE: CA	ZIP CODE: 92108
<input type="checkbox"/> Donor Advised Fund (DAF) <i>(see instructions)</i>	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
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.				
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 12/23/2022
DATE

By Nathan Fletcher
SIGNATURE

Digitally signed by Nathan Fletcher
 Date: 2022.12.23 15:56:48 -0800'