

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Received</b>	
Date Stamp (Agency) <b>AUG 13 2025</b>	
San Marcos City Clerk's Office	
CALIFORNIA FORM <b>803</b>	

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

ELECTED OFFICER OR CPUC MEMBER:

**Rebecca Jones**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Tess Sangster, Director of Economic Development and Public Affairs**

AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME: <b>North County Health Project</b>	ADDRESS:	CITY: <b>San Marcos</b>	STATE: <b>CA</b>	ZIP CODE: <b>92076-2514</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)		DAF NAME: <b></b>		
		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: <b>City of San Marcos</b>	ADDRESS:	CITY: <b>San Marcos</b>	STATE: <b>CA</b>	ZIP CODE: <b>92069</b>
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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:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:
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**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:
07/09/2025	25,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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	
<input type="checkbox"/> The <u>(DATE/AMOUNT)</u> is an estimate and reflects my best efforts at obtaining the accurate information.			REASON FOR ESTIMATE:		

**5. Amendment Description and/or Comment**

**6. Verification**

I certify, under penalty of perjury under the laws of the

Executed on 8/13/25  
DATE

rue and complete.



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<input type="checkbox"/> Check box if an Amendment <input type="checkbox"/> / / <small>(Month, Day, Year)</small> # _____ Confirmation Number		<b>Received</b> <small>Date Stamp (Agency)</small> <b>JUL 22 2025</b> <b>San Marcos City Clerk's Office</b>	<b>CALIFORNIA FORM 803</b>
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**1. Elected Officer or CPUC Member (Last name, First name)**

ELECTED OFFICER OR CPUC MEMBER:

**Rebecca Jones**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Tess Sangster, Director of Economic Development and Public Affairs**

AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

**San Marcos, CA 92069**

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

**Hitzke Development Corporation**

ADDRESS:

CITY:

**Temecula**

STATE:

**CA 92593-1700**

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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:

**City of San Marcos**

ADDRESS:

CITY:

**San Marcos**

STATE:

**CA 92069**

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NAME AND TITLE:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

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6/17/2025	10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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	

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

ELECTED OFFICER OR CPUC MEMBER:

Rebecca Jones

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Tess Sangster, Director of Economic Development and Public Affairs

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

San Marcos, CA 92069

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

University of St Augustine

ADDRESS:

CITY:

St. Augustine

STATE:

FL 32086

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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BRIEF DESCRIPTION OF PROCEEDINGS:

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ROLE WITH THE NONPROFIT ORGANIZATION:

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6/10/2025	10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	San Marcos Blue Zones Project
		<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	

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DATE \_\_\_\_\_

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		# <hr/> Confirmation Number	San Marcos City Clerk's Office

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**Rebecca Jones**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Tess Sangster, Director of Economic Development and Public Affairs**

AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

**San Marcos, CA 92069**

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

**Hope Through Housing Foundation**

ADDRESS:

CITY:

**Rancho Cucamonga**

STATE:

**CA** ZIP CODE: **91730**

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME: **DAF NAME:** DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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BRIEF DESCRIPTION OF PROCEEDINGS:

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NAME:

**City of San Marcos**

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STATE:

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ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

**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:
7/10/2025	5,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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** (

**6. Verification**

I certify, under penalty of perjury under the laws of the State

complete.

Executed on \_\_\_\_\_ DATE \_\_\_\_\_

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<input type="checkbox"/> <b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment <hr style="width: 100px; margin-left: 0; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="width: 100px; margin-left: 0; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> # <input type="text"/> Confirmation Number		<b>Received</b> Date Stamp/Agency <b>JUL 03 2025</b> San Marcos City Clerk's Office	<b>CALIFORNIA FORM 803</b>
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**1. Elected Officer or CPUC Member** (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: <b>Rebecca Jones</b>	AGENCY NAME: <b>City of San Marcos</b>	AGENCY STREET ADDRESS: <b>1 Civic Center Dr, San Marcos, CA 92069</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Tess Sangster, Director of Economic Development and Public Affairs</b>	AREA CODE/PHONE NUMBER:	E-MAIL:

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

NAME: <b>Stanbridge University</b>	ADDRESS:	CITY: <b>Irvine</b>	STATE: <b>CA</b>	ZIP CODE: <b>92612</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	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: <b>City of San Marcos</b>	ADDRESS: <b>1 Civic Center Dr</b>	CITY: <b>San Marcos</b>	STATE: <b>CA</b>	ZIP CODE: <b>92069</b>
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NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:
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DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
<b>5/20/2025</b>	<b>10,000</b>	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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

rein is true and complete.

Executed on 7/3/2025  
DATE

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

ELECTED OFFICER OR CPUC MEMBER: <b>Rebecca Jones</b>	AGENCY NAME: <b>City of San Marcos</b>	AGENCY STREET ADDRESS: <b>1 Civic Center Dr, San Marcos, CA 92069</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Tess Sangster, Director of Economic Development and Public Affairs</b>	AREA CODE/PHONE NUMBER:	E-MAIL:

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

NAME: <b>Affirmed Housing Group</b>	ADDRESS:	CITY: <b>San Diego</b>	STATE: <b>CA</b>	ZIP CODE: <b>92128</b>
<input type="checkbox"/> DAF NAME: <input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>		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:		

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NAME AND TITLE:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:
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5/14/2025	5,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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	

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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 the information contained herein is true and complete.

Executed on 7/3/25 DATE

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

ELECTED OFFICER OR CPUC MEMBER:

**Rebecca Jones**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Tess Sangster, Director of Economic Development and Public Affairs**

AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

**1 Civic Center Dr, San Marcos, CA 92069**

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

**C&C Development**

ADDRESS:

CITY:

**Tustin**

STATE:

**CA**

ZIP CODE:

**92780**

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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)

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**1 Civic Center Dr**

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ROLE WITH THE NONPROFIT ORGANIZATION:

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5/28/2025	10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
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AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

**1 Civic Center Dr, San Marcos, CA 92069**

AREA CODE/PHONE NUMBER:

E-MAIL:

.

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

NAME:

**HA Builder Group**

ADDRESS:

CITY:

**El Cajon**

STATE:

ZIP CODE:  
**CA 92020-4317**

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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Executed on 7/3/25 DATE

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Amendment of Filing	
<input type="checkbox"/> Check box if an Amendment	
/ /	
(Month, Day, Year)	
#	Confirmation Number



CALIFORNIA FORM **803**

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

ELECTED OFFICER OR CPUC MEMBER:

Rebecca Jones

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Tess Sangster, Director of Economic Development and Public Affairs

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

1 Civic Center Dr, San Marcos, CA 92069

AREA CODE/PHONE NUMBER:

E-MAIL:

1

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

NAME:

National Community

ADDRESS:

CITY:

Rancho Cucamonga

STATE:

CA 91730

Donor Advised Fund (DAF)  
(see instructions)

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
5/13/2025	5,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	San Marcos Blue Zones Project
		<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 \_\_\_\_\_ is an estimate and reflects my best efforts at obtaining the accurate  
(DATE/AMOUNT)  
information.

REASON FOR ESTIMATE:

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number if applicable)

**6. Verification**

I certify, under penalty of perjury under the laws of the State of California, that the information contained in this report is true and accurate to the best of my knowledge.

in is true and complete.

Executed on 7/3/25 DATE

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

Amendment of Filing		Received	Date Stamp (Agency)
<input type="checkbox"/> Check box if an Amendment		/ /	
		(Month, Day, Year)	
		JUL 03 2025	
#		San Marcos City Clerk's Office	
		Confirmation Number	

CALIFORNIA FORM **803**

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

ELECTED OFFICER OR CPUC MEMBER:

Rebecca Jones

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Tess Sangster, Director of Economic Development and Public Affairs

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

1 Civic Center Dr, San Marcos, CA 92069

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

Neighborhood Healthcare

ADDRESS:

CITY:

Escondido

STATE:

CA 92025

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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:

City of San Marcos

ADDRESS:

1 Civic Center Dr

CITY:

San Marcos

STATE:

CA 92069

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:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

**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:
4/30/2025	10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	San Marcos Blue Zones Project
		<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 \_\_\_\_\_ 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 F

**6. Verification**

I certify, under penalty of perjury under the laws of the State

herein is true and complete.

Executed on 7/3/25  
DATE

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment <hr style="border: 0.5px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-right: 10px;"></span> <span style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-right: 10px;"></span> </div> <div style="text-align: center; margin-top: 5px;"> <span style="font-size: 1.5em; color: blue;">Received</span>  <small>Date Stamp (Agency)</small>  <b>JUL 03 2025</b>  <small>San Marcos City Clerk's Office</small> </div>
<b>CALIFORNIA FORM 803</b>

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

ELECTED OFFICER OR CPUC MEMBER:

**Rebecca Jones**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Tess Sangster, Director of Economic Development and Public Affairs**

AGENCY NAME:

**City of San Marcos**

AGENCY STREET ADDRESS:

**1 Civic Center Dr, San Marcos, CA 92069**

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

**Scripps Healthcare**

ADDRESS:

CITY:

**La Jolla**

STATE:

**CA** ZIP CODE: **92038-2469**

Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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:

**City of San Marcos**

ADDRESS:

**1 Civic Center Dr**

CITY:

**San Marcos**

STATE:

**CA** ZIP CODE: **92069**

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:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

**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:
4/15/2025	10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	<b>San Marcos Blue Zones Project</b>
		<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)

**6. Verification**

I certify, under penalty of perjury under the laws of the State

is true and complete.

Executed on 7/3/25  
DATE

# Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment <hr/> <hr/> (Month, Day, Year)	Date Stamp (Agency) <b>RECEIVED</b> <b>JUL 16 2024</b>	CALIFORNIA FORM <b>803</b>
# Confirmation Number	City Clerk Dept. City of San Marcos	

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

ELECTED OFFICER OR CPUC MEMBER:

Sharon Jenkins

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

1 Civic Center Drive, San Marcos, CA 92069

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Sharon Jenkins

AREA CODE/PHONE NUMBER:

E-MAIL:

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

NAME:

EDCO

ADDRESS:

1

CITY:

Lemon Grove

STATE:

CA

ZIP CODE:

91945

DAF NAME:

Donor Advised Fund (DAF)  
(see instructions)

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

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:

Committee For a Safe & Strong San Marcos

ADDRESS:

310 S. Twin Oaks Valley Road, #107, Box #206

CITY:

San Marcos

STATE:

CA

ZIP CODE:

92078

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:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

## 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:
6/17/24	5000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input checked="" type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	In support of San Marcos sales tax ballot measure
		<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 7/16/2024  
DATE

By

# Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment <hr/> <hr/> (Month, Day, Year)	Date Stamp (Agency) <b>RECEIVED</b> <b>JUL 16 2024</b>	CALIFORNIA FORM <b>803</b>
# <hr/> Confirmation Number	City Clerk Dept. City of San Marcos	

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

ELECTED OFFICER OR CPUC MEMBER:  Sharon Jenkins	AGENCY NAME:  City of San Marcos	AGENCY STREET ADDRESS:  1 Civic Center Drive, San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE):  Sharon Jenkins	AREA CODE/PHONE NUMBER:	E-MAIL:

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

NAME:  John Bailey	ADDRESS:	CITY:  San Marcos	STATE:  CA	ZIP CODE:  92078
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	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.				

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

NAME:  Committee For a Safe & Strong San Marcos	ADDRESS:  310 S. Twin Oaks Valley Road, #107, Box #206	CITY:  San Marcos	STATE:  CA	ZIP CODE:  92078
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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:	ROLE WITH THE NONPROFIT ORGANIZATION:	BRIEF DESCRIPTION:
-----------------	---------------------------------------	--------------------

## 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:
6/19/24	25,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input checked="" type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	In support of San Marcos sales tax ballot measure
		<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 7/16/2024  
DATE

By