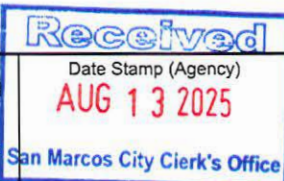


Behested Payment Report
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Type or Print in Ink.

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



CALIFORNIA	803
FORM	

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

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

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

NAME: North County Health Project	ADDRESS:	CITY: San Marcos	STATE: CA	ZIP CODE: 92076-2514
<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: City of San Marcos	ADDRESS:	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:
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	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.
(DATE/AMOUNT)

REASON FOR ESTIMATE:

5. Amendment Description and/or Comment

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information provided is true and complete.

Executed on 8/13/25
DATE

Behested Payment Report

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Type or Print in Ink.

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

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

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

NAME: Gary and Mary West	ADDRESS:	CITY: San Marcos	STATE: CA	ZIP CODE: 92076-2514
<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: City of San Marcos	ADDRESS:	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:
6/10/2025	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	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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

true and complete.

Executed on _____
DATE

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☐ Amendment of Filing
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

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

San Marcos, CA 92069

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Tess Sangster, Director of Economic Development and Public Affairs

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

ZIP CODE:

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

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:
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	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 in Part 1.)

6. Verification

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DATE

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Amendment of Filing
☐ 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	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	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	ZIP CODE: 32086
<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: City of San Marcos	ADDRESS:	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:
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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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 provided is true and correct.

Executed on _____
DATE

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

ELECTED OFFICER OR CPUC MEMBER: Rebecca Jones	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	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
<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: City of San Marcos	ADDRESS:	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:
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	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			REASON FOR ESTIMATE:		

5. Amendment Description and/or Comments (

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information provided is true and complete.

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Received Date Stamp (Agency) JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

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

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

NAME: Stanbridge University	ADDRESS:	CITY: Irvine	STATE: CA	ZIP CODE: 92612
<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: 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:
5/20/2025	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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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Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) Received JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

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

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

NAME: Affirmed Housing Group	ADDRESS:	CITY: San Diego	STATE: CA	ZIP CODE: 92128
<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: 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:
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	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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 provided herein is true and complete.

Executed on 7/3/25
DATE

I certify, under penalty of perjury under the laws of the State of California, that the information provided herein is true and complete.

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Received Date Stamp (Agency) JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Rebecca Jones	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: 1 Civic Center Dr, San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	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
<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: 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:
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	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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 Sta

ned herein is true and complete.

Executed on 7/3/25
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Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Received Date Stamp (Agency) JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Rebecca Jones	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: 1 Civic Center Dr, San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	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: CA	ZIP CODE: 92020-4317
<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: 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:
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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			REASON FOR ESTIMATE:		

5. Amendment Description and/or Comments (Print)

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information provided is true and complete.

Executed on 7/3/25
DATE

_____ is true and complete.

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Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Received Date Stamp (Agency) JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Rebecca Jones	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: 1 Civic Center Dr, San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	AREA CODE/PHONE NUMBER: 1	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	ZIP CODE: 91730
<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: 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:		

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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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			REASON FOR ESTIMATE:		

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

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information provided is true and complete.

is true and complete.

Executed on 7/3/25
DATE

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	Received Date Stamp (Agency) JUL 03 2025 San Marcos City Clerk's Office	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Rebecca Jones	AGENCY NAME: City of San Marcos	AGENCY STREET ADDRESS: 1 Civic Center Dr, San Marcos, CA 92069
DESIGNATED CONTACT PERSON (NAME AND TITLE): Tess Sangster, Director of Economic Development and Public Affairs	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	ZIP CODE: 92025
<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: 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:
4/30/2025	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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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

is true and complete.

Executed on 7/3/25
DATE

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing
☐ 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

AGENCY NAME:

City of San Marcos

AGENCY STREET ADDRESS:

1 Civic Center Dr, San Marcos, CA 92069

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Tess Sangster, Director of Economic Development and Public Affairs

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	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 _____ (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.

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

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:

CITY:

Lemon Grove

STATE:

CA

ZIP CODE:

91945

☐ 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:

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 _____ 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 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.

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

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

☐ 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:

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.
6/19/24	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 _____ is an estimate and reflects my best efforts at obtaining the accurate information.
(DATE/AMOUNT)

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 _____