

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
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Filed Date: 03/23/2021 05:09 PM  
SAN: 071300031-STH-0031

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fletcher Nathan Blaine

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

County of San Diego

Division, Board, Department, District, if applicable

Board of Supervisors-District 4

Your Position

Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☒ County of San Diego

☐ City of

☐ Other

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2020, through  
December 31, 2020.

-or-

The period covered is / / , through  
December 31, 2020.

☐ **Leaving Office:** Date Left / /  
(Check one circle.)

☐ The period covered is January 1, 2020, through the date of  
leaving office.

-or-

☐ The period covered is / / , through  
the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7**

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/23/2021 05:09 PM  
(month, day, year)

Signature  
(File the originally signed paper statement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM</b>	<b>700</b>
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Nathan Fletcher	

## EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Metropolitan Transit System		Board of Directors and Alternates	County of San Diego	Annual	01/01/20 - 12/31/20
Tobacco Securitization Authority of Southern California		Members of the Board	County of San Diego	Annual	01/14/20 - 12/31/20

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Nathan Fletcher

► NAME OF BUSINESS ENTITY

Apple

GENERAL DESCRIPTION OF THIS BUSINESS

Technology Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Ball Corp

GENERAL DESCRIPTION OF THIS BUSINESS

Aerospace Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

CHEMED

GENERAL DESCRIPTION OF THIS BUSINESS

Home Health Care

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Cisco

GENERAL DESCRIPTION OF THIS BUSINESS

Networking Hardware Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

CVS Health

GENERAL DESCRIPTION OF THIS BUSINESS

Healthcare Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Hormel

GENERAL DESCRIPTION OF THIS BUSINESS

Food Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

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\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Nathan Fletcher

▶ NAME OF BUSINESS ENTITY

LHC Group

GENERAL DESCRIPTION OF THIS BUSINESS

Home Health Care Services

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Zoom

GENERAL DESCRIPTION OF THIS BUSINESS

Software Company

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/20 \_\_\_\_/\_\_\_\_/20  
ACQUIRED DISPOSED

Comments:

# SCHEDULE D Income – Gifts

Name

Nathan Fletcher

► NAME OF SOURCE (Not an Acronym)

CADEM

ADDRESS (Business Address Acceptable)

1830 9th Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 20	\$ 52.33	Lunch (for spouse who is an elected)
02 / 11 / 20	\$ 50.89	Lunch (for spouse who is an elected)
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

David Pruitt Consulting

ADDRESS (Business Address Acceptable)

1029 J Street #380 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 21 / 20	\$ 200.00	Chocolates and Champagne (gift for spouse who is an elected)
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Graphic Business Solutions

ADDRESS (Business Address Acceptable)

1912 John Towers Ave. El Cajon, CA 92020

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 06 / 20	\$ 50.00	Posters & Plexiglass Face shields
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Recording Industry Association of America

ADDRESS (Business Address Acceptable)

1000 F. St. NW, Floor 2 Washington DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 20	\$ 416.20	Commemorative Plaque (Gift for spouse who is an elected)
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

SAG-AFTRA

ADDRESS (Business Address Acceptable)

350 Sansome Street, Ste 840 San Francisco, CA 94101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 20	\$ 500.00	2 tickets-paid down \$314, original value \$814- for Spouse & Self
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

San Diego Building & Construction Trades Council

ADDRESS (Business Address Acceptable)

3737 Camino del Rio So. #202 San Diego, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 20	\$ 500.00	Lodging for Speaking (Spouse-who is an elected and Self spoke at event)
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Nathan Fletcher

► NAME OF SOURCE (Not an Acronym)

Women in CA Leadership

ADDRESS (Business Address Acceptable)

777 S. Figueroa, 34th Floor Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 20	\$ 122.08	Leather Portfolio (gift for spouse who is an elected)
10 / 13 / 20	\$ 26.94	BLM Bracelet (gift for spouse who is an elected)
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Rendon For Assembly 2020

ADDRESS (Business Address Acceptable)

555 East Ocean Blvd, STE 420 Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 20	\$ 187.44	Flowers
10 / 13 / 20	\$ 31.99	Wine Bottle
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

The Walt Disney Company

ADDRESS (Business Address Acceptable)

500 South Buena Vista Street, Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 20	\$ 418.00	2 Park Tickets (for self and spouse who is an elected)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

California Democratic Party

ADDRESS (Business Address Acceptable)

1830 9th Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 05 / 20	\$ 107.18	Lunch
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name

Nathan Fletcher

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
California Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)  
777 S. Figueroa St., 34th Floor

CITY AND STATE  
Los Angeles, CA 90017

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Latino Caucus Policy Retreat

DATE(S): 03 / 06 / 20 - 03 / 07 / 20 AMT: \$ 1303.00  
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description \_\_\_\_\_  
Spouse who is an elected spoke at Event (Self & Spouse shared lodging)

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Anaheim, CA

▶ NAME OF SOURCE (Not an Acronym)  
San Diego International Airport

ADDRESS (Business Address Acceptable)  
3225 N. Harbor Drive

CITY AND STATE  
San Diego, CA 92101

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
SD Airport Parking Lot

DATE(S): 01 / 05 / 20 - 12 / 31 / 20 AMT: \$ 2368.00  
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description \_\_\_\_\_  
Airport Parking for Spouse (who is an elected) Only Legislative Business Travel

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Sacramento, CA

▶ NAME OF SOURCE (Not an Acronym)  
San Diego International Airport

ADDRESS (Business Address Acceptable)  
3225 N. Harbor Drive

CITY AND STATE  
San Diego, CA 92101

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 05 / 20 - 12 / 31 / 20 AMT: \$ 70.00  
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description \_\_\_\_\_  
Airport Parking for Self for Legislative Business Travel only

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Sacramento

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_