

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

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

JUDICIAL CLERK OF THE  
 SUPERIOR COURT  
 2024 NOV 20 PM 3:03

COSO CLERK OF THE BOARD  
 502 24 NOV 20 14:03:04

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

ELECTED OFFICER OR CPUC MEMBER <b>JORDAN Z. MARKS</b>	AGENCY NAME: ASSESSOR/ RECORDER/ COUNTY CLERK	AGENCY STREET ADDRESS: 1600 PACIFIC HIGHWAY SUITE 110 SAN DIEGO, CA 92101
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>JUNE RODRIGUEZ, ADMIN SECRETARY IV</b>	AREA CODE/PHONE NUMBER: <b>619-531-5507</b>	E-MAIL: <b>JUNE.RODRIGUEZ@SDCOUNTY.CA.GOV</b>

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

NAME: <b>BARRY SOPER</b>	ADDRESS: <b>1080 AKRON STREET</b>	CITY: <b>SAN DIEGO</b>	STATE: <b>CA</b>	ZIP CODE: <b>92106</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: <b>N/A</b>			

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

NAME: <b>FRIENDS OF CHABAD JEWISH STUDENT LIFE OF SAN DIEGO STATE</b>	ADDRESS: <b>6115 MONTEZUMA ROAD</b>	CITY: <b>SAN DIEGO</b>	STATE: <b>CA</b>	ZIP CODE: <b>92115</b>
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:
12/04/2023	\$18,000	<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	REBUILDING THE SDSU JEWISH COMMUNITY MENORAH AFTER IT WAS DESTROYED BY ANTISEMITIC VANDALS
		<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 12/04/2023 DATE (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

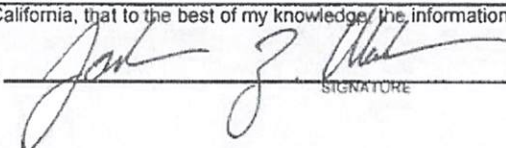
REASON FOR ESTIMATE:  
DONOR REPORTED CONTRIBUTION AMOUNT WITHOUT CONFIRMATION FROM THE NONPROFIT

**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 12/22/2023 DATE

By  SIGNATURE

FPPC Form 803 (February/2022)  
advice@fppc.ca.gov