

COGD CLERK OF THE BOARD  
 2024 OCT 29 PM 4:35

**Behested Payment Report**  
 A Public Document

Type or Print In Ink.

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA</b> <b>FORM 803</b>
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**1. Elected Officer or CPUC Member** (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER <b>Jordan Z. Marks</b>	AGENCY NAME: <b>San Diego County ARCC</b>	AGENCY STREET ADDRESS: <b>1600 Pacific Highway- RM 110 San Diego, CA 92101</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>June Rodriguez</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>Larry Himmel Neighborhood Foundation</b>	ADDRESS: <b>14670 Via Fiesta #2</b>	CITY: <b>San Diego</b>	STATE: <b>CA</b>	ZIP CODE: <b>92127</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: <b>N/A</b>	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) <b>N/A</b>		
<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>San Diego County Recorder/Clerk</b>	ADDRESS: <b>1600 Pacific Highway- RM 260</b>	CITY: <b>San Diego</b>	STATE: <b>CA</b>	ZIP CODE: <b>92101</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: <b>N/A</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>N/A</b>	BRIEF DESCRIPTION: <b>N/A</b>		

**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:
2/14/2024	\$4,720	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	20 marriage licenses and fees	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Providing marriage services for low income and community members
2/14/2024	\$821.09	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	wedding decor/items	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	providing wedding bouquets for low income and community members

The <sup>N/A</sup> (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:  
**N/A**

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**N/A**

**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 2/27/2024  
DATE

By   
SIGNATURE

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