

# 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 FORM 803</b> CLERK OF THE COUNTY CLERK OF THE COUNTY OF SAN DIEGO 0024 NOV 20
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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: 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>REALTORS RELIEF FOUNDATION</b>	ADDRESS: <b>430 NORTH MICHIGAN AVE</b>	CITY: <b>CHICAGO</b>	STATE: <b>IL</b>	ZIP CODE: <b>60611</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>PACIFIC SOUTHWEST ASSOCIATION OF REALTORS</b>	ADDRESS: <b>880 CANARIOS CT STE 100</b>	CITY: <b>CHULA VISTA</b>	STATE: <b>CA</b>	ZIP CODE: <b>91910</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
03/26/2024	\$1,160,000	<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	ASSISTANCE FOR HOMEOWNER SURVIVORS OF THE 2024 WINTER STORM/ FLOODS WITH GRANTS TO AID THEIR RECOVERY.
		<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 03/26/2024 DATE (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

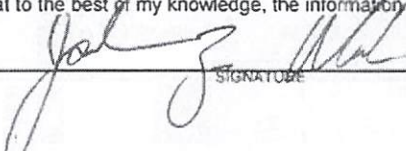
REASON FOR ESTIMATE:  
THIS IS AN ALLOCATION OF RELIEF GRANTS THAT NEED TO BE QUALIFIED AND WILL BE DIRECTLY DISBURSED TO THE FLOOD SURVIVORS

### 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 3/29/2024 DATE

By  SIGNATURE