

# 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)	CALIFORNIA FORM <b>803</b> POST CLERK OF THE SUPERIOR COURT 2024 NOV 20 4
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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>UC SAN DIEGO HEALTH</b>	ADDRESS: <b>200 W ARBOR DRIVE</b>	CITY: <b>SAN DIEGO</b>	STATE: <b>CA</b>	ZIP CODE: <b>92103</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>ASIAN BUSINESS ASSOCIATION OF SAN DIEGO</b>	ADDRESS: <b>7675 DAGGET STREET SUITE 340</b>	CITY: <b>SAN DIEGO</b>	STATE: <b>CA</b>	ZIP CODE: <b>92111</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>JORDAN Z. MARKS, ASSESSOR/ RECORDER/ COUNTY CLERK</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>ADVISORY BOARD MEMBER</b>	BRIEF DESCRIPTION: <b>NO DECISION MAKING AUTHORITY</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:
01/16/2024	\$5,000	<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	TO PROMOTE CULTURAL INCLUSIVITY OF THE ASIAN AMERICAN AND PACIFIC ISLANDER CULTURE THROUGH CELEBRATION AND EDUCATION OF THE LUNAR NEW YEAR AND THE YEAR OF THE DRAGON WITH COMMEMORATIVE BIRTH CERTIFICATE HOLDERS AND EDUCATIONAL MATERIALS
		<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.

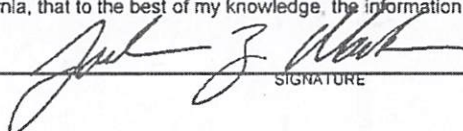
REASON FOR ESTIMATE:

### 5. Amendment Description and/or Comments (Provide date of original filing or confirmation number 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 2/8/2024 DATE

By  SIGNATURE