

Behested Payment Report
A Public Document

Type or Print in Ink.

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

2024 NOV 20 PM 03:10
 CLERK OF THE COUNTY CLERK OF THE COUNTY OF SAN DIEGO

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

ELECTED OFFICER OR CPUC MEMBER: JORDAN Z. MARKS	AGENCY NAME: ASSESSOR/ RECORDER/ COUNTY CLERK	AGENCY STREET ADDRESS: 1600 PACIFIC HIGHWAY SUITE 110 SAN DIEGO, CA 92110
DESIGNATED CONTACT PERSON (NAME AND TITLE): JUNE RODRIGUEZ, ADMIN SECRETARY IV	AREA CODE/PHONE NUMBER: 619-531-5507	E-MAIL: JUNE.RODRIGUEZ@SDCOUNTY.CA.GOV

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

NAME: LARRY HIMMEL NEIGHBORHOOD FOUNDATION	ADDRESS: 14670 VIA FIESTA #2	CITY: SAN DIEGO	STATE: CA	ZIP CODE: 92127
<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: N/A		

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

NAME: FRIENDS OF CHABAD JEWISH STUDENT LIFE OF SAN DIEGO STATE	ADDRESS: 6115 MONTEZUMA ROAD	CITY: SAN DIEGO	STATE: CA	ZIP CODE: 92115
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, salaned 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:
12/14/2023	\$8,360	<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 ANTISEMETIC 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 _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

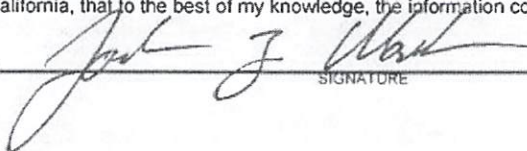
REASON FOR ESTIMATE:

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 12/22/2023 DATE

By  SIGNATURE