

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment  _____ (Month, Day, Year)  # _____ Confirmation Number	Date Stamp (Agency)	<b>CALIFORNIA 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: ASSESSOR/RECORDER/COUNTY CLERK	AGENCY STREET ADDRESS: 1600 PACIFIC HIGHWAY SUITE 110, SAN DIEGO, CA 92101
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>J.R. GASCON</b>	AREA CODE/PHONE NUMBER: <b>619-557-4024</b>	E-MAIL: <b>JR.GASCON@SDCOUNTY.CA.GOV</b>

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

NAME: <b>TERRA-GEN OPERATING CP,LLC</b>	ADDRESS: <b>9480 GATEWAY DRIVE, SUITE 201</b>	CITY: <b>RENO</b>	STATE: <b>NV</b>	ZIP CODE: <b>89521</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>CAL FIRE FIREFIGHTERS SAN DIEGO BENEVOLENT CORP</b>	ADDRESS: <b>2650 JAMACHA ROAD. STE 147 PMB #204</b>	CITY: <b>EL CAJON</b>	STATE: <b>CA</b>	ZIP CODE: <b>92019</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:
03/18/2025	\$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	Supporting firefighters and their families when a death occurs or dealing with severe injuries and illnesses.
		<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 \_\_\_\_\_ is an estimate and reflects my best efforts at obtaining the accurate information.  
(DATE/AMOUNT)

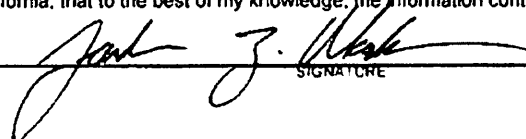
REASON FOR ESTIMATE:

**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 3/25/2025  
DATE

By   
SIGNATURE

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

COUSD CLERK OF THE BOARD  
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