

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment	
(Month, Day, Year)	
#	Confirmation Number

Date Stamp (Agency)

CALIFORNIA
FORM

803

C05 CLERK OF THE BOARD
2026 JAN 15 PM3:09

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

ELECTED OFFICER OR CPUC MEMBER:

JORDAN Z. MARKS

DESIGNATED CONTACT PERSON (NAME AND TITLE):

J.R. GASCON

AGENCY NAME:

ASSESSOR/RECORDER/COUNTY CLERK

AGENCY STREET ADDRESS:

1600 PACIFIC HIGHWAY SUITE 110, SAN DIEGO, CA 92101

AREA CODE/PHONE NUMBER:

619-557-4024

E-MAIL:

JR.GASCON@SDCOUNTY.CA.GOV

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

NAME: NAVY SEAL MUSEUM SAN DIEGO	ADDRESS: 1001 KETTNER	CITY: SAN DIEGO	STATE: CA	ZIP CODE: 92101
<input type="checkbox"/> DAF NAME: <input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)		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:		

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

NAME: CAL FIRE FIREFIGHTERS SAN DIEGO BENEVOLENT CORP	ADDRESS: 2650 JAMACHA ROAD, STE 147 PMB #204	CITY: EL CAJON	STATE: CA	ZIP CODE: 92019
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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
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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:
1/6/2026	\$5,000	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	250 TICKETS TO THE MUSEUM	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	SUPPORTING CALFIRE FIREFIGHTERS AND THEIR FAMILIES
		<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:

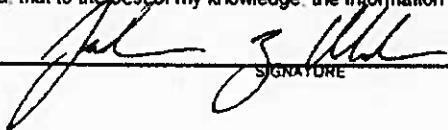
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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 1/15/2026
DATE

By


SIGNATURE