

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803 COST CLERK OF THE BOARD 2025 NOV 5 AM10:4
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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 92101

DESIGNATED CONTACT PERSON (NAME AND TITLE):

J.R. GASCON

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:

USS MIDWAY MUSEUM

ADDRESS:

910 N HARBOR DR.

CITY:

SAN DIEGO

STATE:

CA

ZIP CODE:

92101

☐ Donor Advised Fund (DAF)
(see instructions)

DAF NAME:

N/A

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

N/A

☐ 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 LOCAL 2881

ADDRESS:

1730 I ST STE. 101

CITY:

SACRAMENTO

STATE:

CA

ZIP CODE:

95811

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:

N/A

ROLE WITH THE NONPROFIT ORGANIZATION:

N/A

BRIEF DESCRIPTION:

N/A

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:
10/21/2025	\$5,850	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	150 MUSEUM TICKETS	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	FOR 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 11/4/2025
DATE

By 
SIGNATURE