

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) # _____ Confirmation Number	Date Stamp (Agency) COSD CLERK OF THE BOARD 2025 AUG 28 AM 9:19	CALIFORNIA FORM 803
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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 RM110, SAN DIEGO, CA 92102
DESIGNATED CONTACT PERSON (NAME AND TITLE) J.R. GASCON, EXECUTIVE STAFF OFFICER	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 GAFCON PM-CM LLC	ADDRESS 10301 MEANLEY DR SUITE 225	CITY SAN DIEGO	STATE CA	ZIP CODE 92131
<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		

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

NAME SAN DIEGO& IMPERIAL COUNTIES LABOR COUNCIL AFL-CIO	ADDRESS 3737 CAMINO DEL RIO SOUTH STE 403	CITY SAN DIEGO	STATE CA	ZIP CODE 92108
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	

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
08/09/2025	\$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	SDICLC ANNUAL DINNER
		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	
<input type="checkbox"/> 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 8/27/2025
DATE

By 
SIGNATURE