

COSD CLERK OF THE BOARD  
2025 JUL 3 PM 3:43

**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
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Date Stamp (Agency)

CALIFORNIA  
FORM **803**

**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:

**JEWISH COMMUNITY FOUNDATION OF SAN DIEGO -INDIGENT BURIAL FUND**

ADDRESS:

**4950 MURPHY CANYON ROAD**

CITY:

**SAN DIEGO**

STATE:

**CA**

ZIP CODE:

**92123**

☐ Donor Advised Fund (DAF)  
(see instructions)

DAF NAME:

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

☐ 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:

ADDRESS:

CITY:

STATE:

ZIP CODE:

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
07/03/2025	4023.58	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	CEMETERY PLOT	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	CEMETERY EXPENSES FOR A PROPER JEWISH BURIAL OF A HOMELESS COMMUNITY MEMBER
07/03/2025	1500.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	MORTUARY COSTS	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	MORTUARY EXPENSES FOR A PROPER JEWISH BURIAL OF A HOMELESS COMMUNITY MEMBER

☐ The \_\_\_\_\_ is an estimate and reflects my best efforts at obtaining the accurate information.

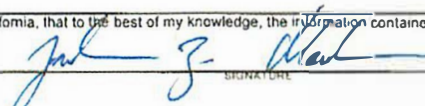
REASON FOR ESTIMATE

**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 7/3/2025  
DATE

By   
SIGNATURE

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