

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency)	CALIFORNIA FORM 803 COSO CLERK OF THE BOARD 2021 JUN 2 PM 9:22

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-RM 110, San Diego, CA 92101
DESIGNATED CONTACT PERSON (NAME AND TITLE): Lisa Cohen	AREA CODE/PHONE NUMBER: 619-557-4024	E-MAIL: lisam.cohen@sdcounty.ca.gov

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

NAME: The Furby Trust DTD 05/06/1983	ADDRESS: 10108 Riverford Rd.	CITY: Lakeside	STATE: CA	ZIP CODE: 92040
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: N/A	DONOR(S) AND DONOR'S ADVISOR (SEE INSTRUCTIONS): N/A		
<input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS: N/A		

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

NAME: Pine Valley Fire Safe Council	ADDRESS: PO Box 411	CITY: Pine Valley	STATE: CA	ZIP CODE: 91962
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: Jordan Gascon	ROLE WITH THE NONPROFIT ORGANIZATION: President	BRIEF DESCRIPTION: Mr. Gascon is the Executive Staff Officer for Assessor Marks		

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:
06/01/2026	\$6,000	<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	Environmental conservation, open space preservation, and fire safety education
		<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	

The _____ (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:
N/A

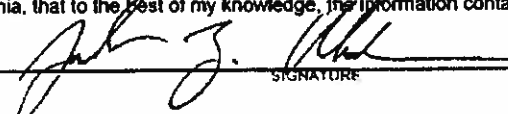
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

N/A

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 6/1/2026 DATE

By  SIGNATURE

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