

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
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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-RM 110, San Diego, CA 92101
DESIGNATED CONTACT PERSON (NAME AND TITLE): J.R. Gascon	AREA CODE/PHONE NUMBER: 619-753-3535	E-MAIL: jr.gascon@sdcounty.ca.gov

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

NAME: Larry Himmel Neighborhood Foundation	ADDRESS: 14670 Via Fiesta #2	CITY: San Diego	STATE: CA	ZIP CODE: 92127
<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: San Diego County Recorder/Clerk	ADDRESS: 1600 Pacific Highway-RM 260	CITY: San Diego	STATE: CA	ZIP CODE: 92101
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:
2/14/26	\$5,900	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES	Marriage licenses and fees	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Provided free marriage services for military, first responders, low income, LGBTQ, and community members.
4/22/26	\$1,858.38	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	wedding decor/items	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Provided wedding bouquets and chocolates for military, first responders, low income, LGBTQ, military, and community members.

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

REASON FOR ESTIMATE:
N/A

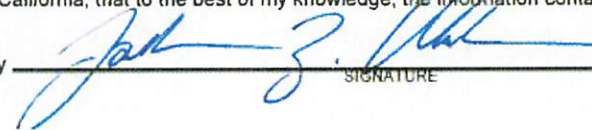
5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

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 4/22/2026 DATE

By  SIGNATURE

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