

**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	Date Stamp (Agency) <b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> 2024 DEC -4 AM 11:01	<b>CALIFORNIA FORM 803</b>
	PROPOSITION D UNIT Los Angeles CA 90012	

**1. Elected Officer or CPUC Member** (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: <b>Holly J. Mitchell</b>	AGENCY NAME: <b>Los Angeles County Board of Supervisors</b>	AGENCY STREET ADDRESS: <b>Los Angeles CA 90012</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>Sonia Lopez</b>	AREA CODE/PHONE NUMBER: <b>(213) 974-2222</b>	E-MAIL: <b>slopez@bos.lacounty.gov</b>

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

NAME: <b>ANEWED</b>	ADDRESS:	CITY: <b>El Segundo</b>	STATE: <b>CA</b>	ZIP CODE: <b>90245</b>
<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: <b>Los Angeles County Commission for Women</b>	ADDRESS:	CITY: <b>Los Angeles</b>	STATE: <b>CA</b>	ZIP CODE: <b>90012</b>
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:
11/4/2024	\$25,000	<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	LA County Commission for Women, Woman of the Year Gala
		<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 \_\_\_\_\_ 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 the information contained herein is true and complete.

Executed on 11/26/2024 By \_\_\_\_\_

DATE

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