

**Behested Payment Report**  
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DEC 12 2025 FE

Date Stamp (Agency)

CALIFORNIA  
FORM **803**

<b>Amendment of Filing</b>	
<input type="checkbox"/> Check box if an Amendment	
/ /	
(Month, Day, Year)	
#	Confirmation Number

RECEIVED BY  
LOS ANGELES COUNTY

2025 DEC 16 AM 10:47

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

ELECTED OFFICER OR CPUC MEMBER:

Holly J. Mitchell

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Sonia Lopez

AGENCY NAME:

Los Angeles County Board of Su

AGENCY STREET ADDRESS:

Los Angeles CA 90012

AREA CODE/PHONE NUMBER:

(213) 974-2222

E-MAIL:

slopez@bos.lacounty.gov

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

NAME: SEIU Local 721	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90017
DAF NAME: <input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	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: Coro Southern California	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90012
For a <b>nonprofit organization payee</b> , 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:
10/1/25	\$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	Donation for sponsorship for All Aboard: A Coro Civic Celebration.
		<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  
(DATE/AMOUNT)  
information.

REASON FOR ESTIMATE:

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

Donation information received December 4, 2025

**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 12/10/25  
DATE

By \_\_\_\_\_

SIGNATURE \_\_\_\_\_