

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment		<b>RECEIVED BY</b> LOS ANGELES COUNTY MAR 19 2025 AM 11:58 PROPOSITION D UNIT	<b>CALIFORNIA FORM 803</b>
Date Stamp (Agency)			
# _____ Confirmation Number			

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

ELECTED OFFICER OR CPUC MEMBER: Horvath, Lindsey	AGENCY NAME: Board of Supervisors	AGENCY STREET ADDRESS:
DESIGNATED CONTACT PERSON (NAME AND TITLE): Amber Maltbie, Attorney	AREA CODE/PHONE NUMBER: 213-612-7800	E-MAIL: amaltbie@nossaman.com

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

NAME: Taipei Economic and Cultural Office (TECO)	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90010
<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: Los Angeles County Office of Education	ADDRESS:	CITY: Downey	STATE: CA	ZIP CODE: 90242
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:
1/14/2025	\$16,000.00	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	20,000 N95 Face Masks	<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	LA County Fires: protective gear for students
		<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	
<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)			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 3/18/2025  
DATE

By \_\_\_\_\_

SIGNATURE