Behested Payment Report

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OCT 0 1 2025 FE

☐ Amendment of Filing — Check box if an Amendment

/ / (Month, Day, Year)

Confirmation Number

Date Stamp (Agency)

RECEIVED BY LOS ANGELES COUNTY

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PROPOSITION B UNIT

CALIFORNIA FORM 803

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

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

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

NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:
Lichtenstein Foundation		Los Angeles	CA	90046

☐ Donor Advised Fund (DAF) (see instructions) — DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

☐ 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:	ADDRESS:	CITY:	STATE:	ZIP CODE:
Coro Southern California		Los Angeles	CA	90012

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:
9/16/25	$5,000	☑ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☑ CHARITABLE	Donation for sponsorship for All Aboard: A Coro Civic Celebration.
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☐ CHARITABLE	

☐ The _____ (DATE/AMOUNT) 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 to the best of my knowledge the information contained herein is true and complete.

Executed on 9/30/25 (DATE) By _____ (SIGNATURE)