

NOV 19 2025 FE

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing		Date Stamp (Agency)
<input type="checkbox"/> Check box if an Amendment		LA COUNTY 2025 NOV 20 PM 2:28
(Month, Day, Year)		# Confirmation Number PROPOSITION B UNIT
CALIFORNIA FORM 803		

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

ELECTED OFFICER OR CPUC MEMBER: Holly J. Mitchell	AGENCY NAME: Los Angeles County Board of Su	AGENCY STREET ADDRESS: Los Angeles CA 90012
DESIGNATED CONTACT PERSON (NAME AND TITLE): Sonia Lopez	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: Daniel Weiss	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90067
<input checked="" type="checkbox"/> Donor Advised Fund (DAF) (see Instructions)	DAF NAME: California Community Foundation	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Daniel Weiss		
<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
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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:
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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:
10/16/25	\$7,500	<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 (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 knowl

e, the information contained herein is true and complete.

Executed on 11-17-25
DATE

By .

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