

NOV 19 2025 FE

# 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) LOS ANGELES COUNTY 2025 NOV 20 PM 2:28 PROPOSITION UNIT	<b>CALIFORNIA FORM 803</b>
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### 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:

LA Metro

ADDRESS:

CITY:

Los Angeles

STATE:

CA

ZIP CODE:

90012

☐ 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:

Coro Southern California

ADDRESS:

CITY:

Los Angeles

STATE:

CA

ZIP CODE:

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:
10/16/25	\$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.)

### 6. Verification

I certify, under penalty of perjury under the laws of the State of Ca

the information contained herein is true and complete.

Executed on

11-17-25  
DATE

By .

URE

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