

Behested Payment Report
A Public Document

Type or Print in Ink.

DEC 12 2025 FE

| | | | |
|-------------------------------------------------------------------------|--|------------------------------------------------------------------------|----------------------------|
| <input type="checkbox"/> Check box if an Amendment <hr/> <hr/> <hr/> | | Date Stamp (Agency) RECEIVED BY LOS ANGELES COUNTY | CALIFORNIA FORM 803 |
| | | (Month, Day, Year) 2025 DEC 16 AM 10:47 | |
| # <hr/> <hr/> <hr/> Confirmation Number | | | |

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: The California Wellness Foundation | ADDRESS: | CITY: Los Angeles | STATE: CA | ZIP CODE: 90071 |
| <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: 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: |
|--------------------------|---------|-------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 11/14/25 | \$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 (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 12/10/25
DATE

By _____

SIGNATURE _____