

Behested Payment Report
A Public Document

Type or Print in Ink.

DEC 12 2025 *FE*

<input type="checkbox"/> Amendment of Filing Check box if an Amendment	Date Stamp (Agency)	CALIFORNIA FORM 803
/ / (Month, Day, Year)	RECEIVED BY LOS ANGELES COUNTY	
# Confirmation Number	2025 DEC 16 AM 10:48	

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: DEPARTMENT D UNIT
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: Community Initiatives	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

By _____

SIGNATURE _____