

# Behested Payment Report

## A Public Document

Type or Print in Ink.

DEC 23 2024 FE

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) RECEIVED BY US ANGELES COU 2024 DEC 24 PM 4:27	<b>CALIFORNIA FORM 803</b>
	CAMPAIGN FINANCE	

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

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

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

NAME: <b>Gibson Dunn &amp; Crutcher</b>	ADDRESS:	CITY: <b>Los Angeles</b>	STATE: <b>CA</b>	ZIP CODE: <b>90071</b>
<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: <b>Los Angeles Urban League</b>	ADDRESS:	CITY: <b>Los Angeles</b>	STATE: <b>CA</b>	ZIP CODE: <b>90043</b>
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:
<b>5/21/2024</b>	<b>\$10,000</b>	<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	<b>2024 Whitney M. Young Awards Dinner</b>
		<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 information.

REASON FOR ESTIMATE:

### 5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

Payor information was received late from the Payee on 12/20/24

### 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 12/20/2024 By \_\_\_\_\_

DATE SIGNATURE