

Behested Payment Report

Type or Print in Ink.

Amendment of Filing		Date Stamp (Agency)
<input type="checkbox"/> Check box if an Amendment		
<hr/> <div style="display: flex; justify-content: space-around; align-items: center;"> (Month, Day, Year) </div> <hr/>		CALIFORNIA FORM 803
		RECEIVED BY LOS ANGELES COUNTY
#	Confirmation Number 2025DEC16 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: 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: Corwin Family Foundation	ADDRESS:	CITY: Beverly Hills	STATE: CA	ZIP CODE: 90210
<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:
11/19/25	\$10,000	<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	

<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate information. (DATE/AMOUNT)	REASON FOR ESTIMATE:
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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 1-10-25 DATE

By _____ SIGNATURE*