

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Holly J. Mitchell

Agency Name Los Angeles County Board of Supervisors

Agency Street Address Los Angeles CA 90012

Designated Contact Person (Name and title, if different) Nicole Ward, Fundraiser

Area Code/Phone Number 213-605-5471 E-mail (Optional)

RECEIVED BY LOS ANGELES COUNTY Date Stamp NOV -9 PM 3: 43 11/02/21 PROPOSITION B UNIT California Form 803 For Official Use Only

Amendment (See Part 5) Date of Original Filing: (month, day, year)

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

American Beverage Association

Name Address City State Zip Code Washington DC 20004

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Equality California

Name Address City State Zip Code Los Angeles CA 90018

4. Payment Information (Complete all information.)

Date of Payment: 10/02/2021 Amount of Payment: (In-Kind FMV) \$ 5,000.00

Payment Type: [X] Monetary Donation or [ ] In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: donation to the Equity Awards Reception

Purpose: (Check one and provide description below.) [ ] Legislative [ ] Governmental [X] Charitable Describe the legislative, governmental, charitable purpose, or event: EQCA Equity Awards Reception

5. Amendment Description and/or Comments

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 10/30/2021 DATE

By SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

Clear Page Print