

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

AUG 12 2024 FE

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment _____ / _____ / _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) <b>RECEIVED BY</b> LOS ANGELES COUNTY 2024 AUG 13 AM 11:16	<b>CALIFORNIA FORM 803</b>
	PROPOSITION B UNIT	

**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: <b>Los Angeles CA 90012</b>
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>Epidaurus dba Amity Foundation</b>	ADDRESS:	CITY: <b>Tucson,</b>	STATE: <b>AZ</b>	ZIP CODE: <b>85702</b>
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input checked="" type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency.		BRIEF DESCRIPTION OF PROCEEDINGS: <b>Agreement under Care First Community Investment program</b>		

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

NAME: <b>Community Partners c/o Equity in LA</b>	ADDRESS:	CITY: <b>Los Angeles</b>	STATE: <b>CA</b>	ZIP CODE: <b>91008</b>
For a <b>nonprofit organization payee</b> , 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: <b>Heidi Santos</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Finance Associate Accounts Receivable</b>	BRIEF DESCRIPTION: <b>N/A</b>		

**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:
7/12/2024	\$5000	<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>Donations for Juneteenth Community Event</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 \_\_\_\_\_ (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 8/12/2024 DATE By \_\_\_\_\_ SIGNATURE