

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year) # _____ Confirmation Number	RECEIVED BY LOS ANGELES COUN 2023 JUN 29 PM 3: 56 PROPOSITION B UNIT	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: Holly J. Mitchell	AGENCY NAME: LA County Board of Supervisors	AGENCY STREET ADDRESS:
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: California Physicians Service Blue Shield	ADDRESS:	CITY: Oakland	STATE: CA	ZIP CODE: 94607
<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: Community Partners c/o Equity in LA	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90018
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: Heidi Santos	ROLE WITH THE NONPROFIT ORGANIZATION: Finance Associate, Accounts Receivable	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:
6/1/2023	\$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	upcoming community events assistance
		<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 _____ (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 6/21/2023
DATE

By _____
SIGNATURE