

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)

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

RECEIVED BY LOS ANGELES COUNTY NOV -9 PM 3:43 11/2/21 PROPOSITION B UNIT

California Form 803 For Official Use Only

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

Warner Brothers

Name Burbank CA 91522 Address City State Zip Code

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

Equality California

Name Los Angeles CA 90018 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/02/2021 Amount of Payment: (In-Kind FMV) \$ 5,000.00 (month, day, year) (Round to whole dollars.)

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

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