

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing Check box if an Amendment ____/____/____ (Month, Day, Year) # _____ Confirmation Number	Date Stamped Agency RECEIVED BY LOS ANGELES C	CALIFORNIA FORM 803
	2023 DEC 28 AM 9:39	PROPOSITION B UNIT

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 S _H	AGENCY STREET ADDRESS: Los Angeles CA 90012
DESIGNATED CONTACT PERSON (NAME AND TITLE): Jonathan Yang, Senior Deputy for Legal Affairs	AREA CODE/PHONE NUMBER: (213) 974-2222	E-MAIL: jyang@bos.lacounty.gov

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

NAME: Kaiser Permanente	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90034
<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: Approving County cooperation with City of Pasadena's purchase of property owned by Kaiser		

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

NAME: Black Women for Wellness	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90008
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: Charity Faye, Program Manager	ROLE WITH THE NONPROFIT ORGANIZATION: Program Manager	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:
12/2/2023	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	Community Event 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	

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 12/21/23 DATE

By _____ SIGNATURE