

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 Stamp (Agency) LOS ANGELES CITY ETHICS COMMISSION OCT 14 2022	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

RECEIVED

ELECTED OFFICER OR CPUC MEMBER: FEUER, MICHAEL	AGENCY NAME: Los Angeles City Attorney's Ofc. [REDACTED]	AGENCY STREET ADDRESS: [REDACTED] Los Angeles, CA 90012
DESIGNATED CONTACT PERSON (NAME AND TITLE): MICHAEL BOSTROM, ASSISTANT CITY ATTORNEY	AREA CODE/PHONE NUMBER: 213-978-8100	E-MAIL: michael.bostrom@lacity.org

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

NAME: QUINN EMANUEL URQUHART & SULLIVAN, LLP	ADDRESS: [REDACTED] 10TH FLOOR	CITY: Los Angeles	STATE: CA	ZIP CODE: 90017
<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: Los Angeles City Attorney's Office	ADDRESS: [REDACTED]	CITY: Los Angeles	STATE: CA	ZIP CODE: 90012
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:	ROLE WITH THE NONPROFIT ORGANIZATION:	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:
9/01-30/22	\$37,283.00	<input type="checkbox"/> MONETARY DONATION <input checked="" type="checkbox"/> IN-KIND GOODS OR SERVICES	Litigation assistance against Polymer80/ghost gun sales.	<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	Assist the City in litigation against Polymer80 to prevent the sale of "ghost guns".
		<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 the information contained herein is true and complete.

Executed on 10/12/2022
DATE

By [REDACTED]
SIGNATURE