

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	LOS ANGELES CITY ETHICS COMMISSION Date Stamp (Agency)	CALIFORNIA FORM 803
	NOV 04 2022 RECEIVED	

1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER: FEUER, MICHAEL	AGENCY NAME: Los Angeles City Attorney's Ofc.	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: EVERYTOWN FOR GUN SAFETY	ADDRESS: [REDACTED]	CITY: New York	STATE: NY	ZIP CODE: 10163
<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:
10/01-31/22	\$6,173.00	<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 11/4/2022
DATE

By [REDACTED]
SIGNATURE