

# Behested Payment Report

## A Public Document

Type or Print in Ink.

<input type="checkbox"/> <b>Amendment of Filing</b> Check box if an Amendment _____ (Month, Day, Year)	Date Stamp (Agency) <b>LOS ANGELES CITY ETHICS COMMISSION</b> <b>14 2022</b>	<b>CALIFORNIA FORM 803</b>

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

**RECEIVED**

ELECTED OFFICER OR CPUC MEMBER: <b>FEUER, MICHAEL</b>	AGENCY NAME: Los Angeles City Attorney's Ofc. [REDACTED]	AGENCY STREET ADDRESS: Los Angeles, CA 90012
DESIGNATED CONTACT PERSON (NAME AND TITLE): <b>MICHAEL BOSTROM, ASSISTANT CITY ATTORNEY</b>	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: <b>EVERYTOWN FOR GUN SAFETY</b>	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 <b>nonprofit organization payee</b> , 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	\$3,662.00	<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 \_\_\_\_\_ 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, \_\_\_\_\_ herein is true and complete.

Executed on 10/12/2022 By [REDACTED]

FPPC Form 803 (February/2022)  
advice@fppc.ca.gov