

# Behested Payment Report

## A Public Document

Type or Print in Ink.

|   |                     |                            |
|---|---------------------|----------------------------|
| <input type="checkbox"/> <b>Amendment of Filing</b><br>Check box if an Amendment<br>_____<br>(Month, Day, Year)<br># _____<br>Confirmation Number | Date Stamp (Agency) | <b>CALIFORNIA FORM 803</b> |
|   | JAN 13 2023         |                            |

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

|   |  |  |
|---|--|--|
| ELECTED OFFICER OR CPUC MEMBER:<br>Bass, Karen  | AGENCY NAME:<br>Los Angeles Mayor's Office | AGENCY STREET ADDRESS:<br>[REDACTED] Los Angeles, CA 90012 |
| DESIGNATED CONTACT PERSON (NAME AND TITLE):<br>David Michaelson, Counsel to the Mayor | AREA CODE/PHONE NUMBER:<br>213.978.0600    | E-MAIL:<br>David.Michaelson@lacity.org                     |

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

|  |                        |   |              |                    |
|--|------------------------|---|--------------|--------------------|
| NAME:<br>Delta Air Lines, Inc.   | ADDRESS:<br>[REDACTED] | CITY:<br>Atlanta                                  | STATE:<br>GA | ZIP CODE:<br>30354 |
| <input type="checkbox"/> Donor Advised Fund (DAF)<br>(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:<br>Mayor's Fund for Los Angeles   | ADDRESS:<br>[REDACTED]                | CITY:<br>Los Angeles | STATE:<br>CA | ZIP CODE:<br>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:<br>N/A  | 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:                |
|-----------------------|----------|---|--------------------------------------|---|--|
| 12/13/22              | \$25,000 | <input checked="" type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><input checked="" type="checkbox"/> CHARITABLE | Donation to an independent, non-profit organization in support of civic initiatives. |
|                       |          | <input type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES            |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><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.)

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**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 1-12-23 DATE By [REDACTED]