

Behested Payment Report A Public Document

Type or Print in Ink.

RECEIVED
 Date Stamp (Agency)
CALIFORNIA FORM 803

Amendment of Filing
 Check box if an Amendment
 (Month, Day, Year)
 / /
 NOV 22 2023

Confirmation Number
 # _____ BOARD OF SUPERVISORS

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

ELECTED OFFICER OR CPUC MEMBER: **Thienvu Ho**

AGENCY NAME: **Sacramento District Attorney**

AGENCY STREET ADDRESS: **901 G Street, Sacramento, CA 95814**

DESIGNATED CONTACT PERSON (NAME AND TITLE): **Thienvu Ho**

AREA CODE/PHONE NUMBER: **916-207-3927**

E-MAIL: **hot@sacda.org**

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

NAME: **Highlands Community Charter**

ADDRESS: **1333 Grand Avenue**

CITY: **Sacramento** STATE: **Ca** ZIP CODE: **95838**

DAF NAME: _____ DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

Donor Advised Fund (DAF) (see instructions)

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: **Justice Beyond the Courtroom**

ADDRESS: **555 Capitol Mall, Suite 400**

CITY: **Sacramento** STATE: **CA** ZIP CODE: **95814**

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: **Supervising DA Sonia Satchell/Assistant Chief Beardsley**

ROLE WITH THE NONPROFIT ORGANIZATION: **Board Members**

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.
10/27/23	\$5,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE <input checked="" type="checkbox"/>	Public Safety Lunch (Highland Charter \$5,000)
11/9/23	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE <input checked="" type="checkbox"/>	Gold Cup Mock Trial (Phoong Law \$10,000)

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 11/22/23 DATE

By [Signature] SIGNATURE

Behested Payment Report (Attachment – Payor Information)

2. Additional Payor Information

a. Phoong Law Corp

b. 2725 Riverside Blvd. #2300, Sacramento, CA 95818

c. \$10,000 donation