

Behested Payment Report

A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment / / (Month, Day, Year)	Date Stamp (Agency) COUNTY OF SACRAMENTO BOARD OF SUPERVISORS 2024 NOV 14 AM 9:26	CALIFORNIA FORM 803
# _____ Confirmation Number		

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: Phoong Law Corp.	ADDRESS: 2725 Riverside Blvd. #2300	CITY: Sacramento	STATE: Ca	ZIP CODE: 95818
<input type="checkbox"/> Donor Advised Fund (DAF) <small>(see instructions)</small>	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: 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:
10/17/24	\$10,000	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Gold Cup Mock Trial (Phoong Law \$10,000)
		<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" 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, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 11/6/24 DATE

By [Signature] SIGNATURE