

Behested Payment Report A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing Check box if an Amendment	Date Stamp (Agency)
	2024 MAY -2 AM 10:24
(Month, Day, Year) # _____ Confirmation Number	BOARD OF SUPERVISORS 2024 MAY -2 AM 10:24

CALIFORNIA FORM **803**

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

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

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

AGENCY NAME: **District Sacramento Attorney**

AGENCY STREET ADDRESS: **901 G. St., Sacramento, CA 95814**

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 preceding information)

NAME: **Triumph Law (Robert Carichoff)**

ADDRESS: **600 Coolidge Dr. Ste 190 Folsom CA 95630**

DAF NAME: _____

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 Sacramento CA 95814**

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

BRIEF DESCRIPTION: _____

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.

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.
4/1/24	\$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"/> CHARITABLE	Voices For Victims Summit
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE GOVERNMENTAL CHARITABLE	

REASON FOR ESTIMATE:

The _____ is an estimate and reflects my best efforts at obtaining the accurate information.

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 4/24/24 By [Signature]

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CALIFORNIA 803 FORM

Filing with Estimates Payment Information: To file using estimated information the official must practice reasonable efforts to obtain the required information prior to the reporting deadline. (See sample written request for information, below.) Check the Estimate box, affirm that the estimated (date or amount) reflects the official's best efforts and identify the reason the accurate information is not available. *Filings using estimated payment information must be amended within 10 days of the official receiving the accurate information.*

Part 5: Amendment Description or Comments: Complete this section if amending a previously filed Form 803 or to provide additional information.

Part 6: Verification: Date and sign the form under penalty of perjury.

Sample: Written Request For Information From a Payee

When the official makes a behest for payment, but is otherwise unaware of the reportable payment information, the reporting requirements necessitate that the official request the information from the payee. As a best practice, this request should be sent as soon as the official makes the behest for payment. Sending a written request such as the sample provided below, 30 days prior to the reporting deadline, will constitute a reasonable effort to obtain the payment information when filing with estimated payment or estimated date information. (See Regulation 18424.1(a).)

To: Payee Organization

From: Elected Official

I have agreed to work with your organization in its solicitation for funds related to [name of the fundraising event or fundraising campaign] to be held on [date or range of dates] for the purpose of [state the charitable, legislative or government purpose]. Under the Political Reform Act, payments you receive in response to this solicitation may meet the definition a "behested payment" reportable by an elected official or Public Utilities Commission member within 30 days of the date the payment is made.

So that I may comply with my behested payment reporting requirements, please provide the following for any relevant payments your organization receives in response to the above noted solicitation: the name and address of the payor, payment date, and amount. If the payment is in the form of a donated service or goods, describe the item or service and provide its fair market value.

If the payment date or amount are not known or represent an estimate, note this, and provide information on when final, accurate amounts will be available. Briefly explain the reason for any delay. Please provide me with the accurate information as soon as it is available so I may comply with my reporting requirements under the Political Reform Act.

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CALIFORNIA 803

FORM

Form 803 is used by elected officers and members of the California Public Utilities Commission (CPUC) to disclose payments made at their behest, principally for legislative, governmental, or charitable purposes. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

When to File

File Form 803 within 30 days following the date on which the payment(s) meets or exceeds five thousand dollars (\$5,000) in the aggregate from a single source in a calendar year (Gov. Code Section 84224.). Once a single source has made a behested payment of \$5,000 or more during the calendar year, subsequent payments of any amount from that source must be reported.

The behesting official must timely request payment information from a payee in order to comply with the reporting requirements. (See the sample request for information, below.)

Amendments: Where estimated payment information is provided, the official must file an amended Form 803 within 10 days of receiving the accurate information.

Where to File

State Officials: The official's state agency must receive Form 803 within 30 days of the date of the behested payment is made. Within 30 days after receipt of the report, the state agency must forward a copy to the FPPC at:

1102 Q Street, Suite 3050, Sacramento, CA 95811

Fax: 916-322-0883, E-mail: Form803@fppc.ca.gov.

E-filing Option: State officials may e-file at Form 803

Do not forward a hard copy to the FPPC when using e-file or duplicate forms may be recorded.

Local Officials: The official's local agency must receive Form 803 within 30 days of the date the behested payment is made. Within 30 days after receipt of the report, the agency must forward a copy to the filing officer who receives the official's original campaign statements. **Local officials do not file with the FPPC.**

General Information: Behested payments are payments made principally for legislative, governmental, or charitable purposes under Government Code Section 82004.5. These payments are not for campaign purposes and any personal benefit may constitute a gift to the official subject to the applicable gift limit.

Generally, a payment is made at the behest if it is requested, solicited, or suggested by the official, or otherwise made to a person in cooperation, consultation, coordination with, or at the consent of, the elected officer or CPUC member (Gov. Code Section 82041.3.). This also includes payments behested by the official's agent or employee on the official's behalf.

Exception: If the behested payment is made by a state, local, or federal government agency and is principally for legislative or governmental purposes, the payment does not have to be reported.

Privacy Information Notice: Information requested by the FPPC is required by and used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports and statements are public records available for inspection and reproduction. If you have any question regarding this notice, please contact General Counsel at 1102 Q Street, Suite 3050, Sacramento, CA 95811 or (916) 322-5660.

Instructions

Mark the **amendment box** only if changing information on a previously filed Form 803 and include the date of the original filing or confirmation number.

Part 1 - Identification: Identify the official's name, agency, address, and contact information.

Part 2 - Payor Information: Disclose the name and address of the person making the payment. A business address is acceptable.

For Payments From a Donor Advised Fund (DAF): Disclose the sponsoring organization's name and address, check the Donor Advised Fund box, disclose the name of the DAF and name of the donor's advisor, if the advisor exercised discretion in making the payment. Where there are multiple donors, the official may list only the donors that exercised advisory privileges over the DAF for the payment.

The official has a duty to report the above information with as much specificity as the official knows or can determine by inquiring with the sponsoring organization. Anonymous DAFs and donors must be disclosed as such. (See Behested Payment Reporting Fact Sheet for additional information.)

For all Payments: Check the box if the payor is a named party or subject of a proceeding, such as one involving a contract, license, permit, other entitlement, or nongeneral legislation before the official's agency at the time of the payment or within 12 months prior and provide a brief description.

Part 3 - Payee Information: Identify the name and address of the person receiving the payment, if applicable. A business address is acceptable.

For a nonprofit organization payee: When the official, official's immediate family member or campaign staff member or officeholder staff member is a founder, salaried employee, in a decision-making capacity (board member or executive officer) or position on an honorary or advisory board in regard to the payee's organization, identify the person's name, title, role, and provide a brief description.

Part 4 - Payment Information: Disclose the payment date and amount. Check one box to identify the type of payment. For donated in-kind goods or services use the fair market value (FMV) and provide a description of the good or service. Identify the charitable, legislative or governmental purpose and provide a specific description of the event or purpose of the payment.