

Behested Payment Report
A Public Document

Type or Print in Ink.

JAN 08 2026 F.E.

Date Stamp (Agency)

CALIFORNIA FORM **803**

RECEIVED BY
LOS ANGELES COUNTY

2026 JAN - 9 AM 11: 23

Amendment of Filing	
<input type="checkbox"/> Check box if an Amendment	
/ /	
(Month, Day, Year)	
#	Confirmation Number

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

ELECTED OFFICER OR CPUC MEMBER:

Holly J. Mitchell

AGENCY NAME:

Los Angeles County Board of Su

AGENCY STREET ADDRESS:

PROPOSITION R UNIT

Los Angeles CA 90012

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Sonia Lopez

AREA CODE/PHONE NUMBER:

(213) 974-2222

E-MAIL:

slopez@bos.lacounty.gov

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

NAME: The California Endowment	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90012
-----------------------------------	----------	----------------------	--------------	--------------------

DAF NAME: <input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	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: Charles R. Drew University of Medicine and Science	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90059
---	----------	----------------------	--------------	--------------------

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:	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:
12/11/2025	\$2,000,000	<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	Donation toward Charles R Drew University Willowbrook Wellness Campus
		<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	

<input type="checkbox"/> The _____ is an estimate and reflects my best efforts at obtaining the accurate (DATE/AMOUNT) 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 1/6/2026 DATE

By _____

SIGNATURE