

Behested Payment Report

A Public Document

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

JAN 08 2026 EE

Date Stamp (Agency)

CALIFORNIA
FORM 803

RECEIVED BY
LOS ANGELES COUNTY

2026 JAN -9 AM 11:23

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 Supervisors

AGENCY STREET ADDRESS:

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

☐ Donor Advised Fund (DAF)
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (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:

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	

☐ 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

DATE

By

SIGNATURE