

JUN 23 2025

Behested Payment Report

A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment Date Stamp (Agency) RECEIVED BY LOS ANGELES COUNTY 2025 JUN 23 AM 8:10 # _____ Confirmation Number	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:

Horvath, Lindsey

AGENCY NAME:

Board of Supervisors

AGENCY STREET ADDRESS:

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Amber Maltbie, Attorney

AREA CODE/PHONE NUMBER:

213-612-7800

E-MAIL:

amaltbie@nossaman.com

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

NAME:

California Community Foundation

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:

Authorization to apply/accept funding from state block grant programs

3. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)

NAME:

The Regents of the University of California, Los Angeles

ADDRESS:

CITY:

Los Angeles

STATE:

CA

ZIP CODE:

90095-1406

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:
05/28/2025	\$266,250	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input checked="" type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	Cover associated costs related to the Blue Ribbon Commission on Climate Action and Fire Safe Recovery
		<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 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 6-20-2025
 DATE

 By _____
 SIGNATURE

 FPPC Form 803 (February/2022)
 advice@fppc.ca.gov