

NOV 19 2025 FE

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment		Date Stamp (Agency)	CALIFORNIA FORM 803
/ / (Month, Day, Year)		RECEIVED BY LOS ANGELES COUNTY 2025 NOV 20 PM 2:28 PROPOSITION R UNIT	
#	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 S

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:

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:

JJCPOA Block Grant Acceptance

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:
10/14/2025	\$1,000,000.00	<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	For capitalized ground-lease payment by CDU to secure 99-year ground lease
		<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.)

Donation information received November 13, 2025

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 11-17-25
DATE

By -

SIGNATURE