

DEC 05 2025 FE

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<b>Amendment of Filing</b> <input type="checkbox"/> Check box if an Amendment <hr/> (Month, Day, Year) <hr/> # <hr/> Confirmation Number	Date Stamp (Agency) <i>LOS ANGELES CO</i> <b>2025 DEC -8 AM 11:29</b>	<b>CALIFORNIA FORM</b> <b>803</b>
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**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:

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: Conrad N. Hilton Foundation	ADDRESS: 1 Dole Drive	CITY: Westlake Village	STATE: CA	ZIP CODE: 91362
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	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
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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:
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**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:
11/5/2025	\$100,000.00	<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	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 (DATE/AMOUNT) 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

information contained herein is true and complete.

Executed on 12/2/25  
DATE

By \_\_\_\_\_ SIGNATURE \_\_\_\_\_