

DEC 05 2025 *PE*

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Check box if an Amendment <hr/> <hr/> (Month, Day, Year)	Date Stamp (Agency) <i>LOS ANGELES COUNTY</i>	CALIFORNIA FORM <b>803</b>
# <hr/> Confirmation Number	2025 DEC -8 AM 11:30	PROPOSITION 9 UNIT

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

ELECTED OFFICER OR CPUC MEMBER:  <b>Holly J. Mitchell</b>	AGENCY NAME:  <b>Los Angeles County Board of Su</b>	AGENCY STREET ADDRESS:  <b>Los Angeles CA 90012</b>
DESIGNATED CONTACT PERSON (NAME AND TITLE):  <b>Sonia Lopez</b>	AREA CODE/PHONE NUMBER:  <b>(213) 974-2222</b>	E-MAIL:  <b>slopez@bos.lacounty.gov</b>

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

NAME:  <b>Wells Fargo Foundation</b>	ADDRESS:	CITY:  <b>Minneapolis</b>	STATE:  <b>MN</b>	ZIP CODE:  <b>55415</b>
<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:  <b>Charles R. Drew University of Medicine and Science</b>	ADDRESS:	CITY:  <b>Los Angeles</b>	STATE:  <b>CA</b>	ZIP CODE:  <b>90059</b>
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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:
10/15/2025	\$500,000.00	<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	<b>Donation toward Charles R Drew University Willowbrook Wellness Campus</b>
		<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 <u>(DATE/AMOUNT)</u> is an estimate and reflects my best efforts at obtaining the accurate information.	REASON FOR ESTIMATE:
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5. **Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

Donation information received December 1, 2025

6. **Verification**

I certify, under penalty of perjury under the laws of the State of C information contained herein is true and complete.

Executed on <u>12/2/25</u>	DATE	By _____	SIGNATURE	FPPC Form 803 (February/2022) advice@fppc.ca.gov
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