

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 (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) 2025 DEC -8 AM 11:30	<b>CALIFORNIA FORM 803</b>
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### 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 Supervisors</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>
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:
10/15/2025	\$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	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 information.  
 (DATE/AMOUNT)

REASON FOR ESTIMATE:

### 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 California, that the information contained herein is true and complete.

Executed on 12/2/25 DATE

By: \_\_\_\_\_

SIGNATURE

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