

**Behested Payment Report**  
A Public Document

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**Amendment of Filing**  
☐ Check box if an Amendment  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month, Day, Year)  
# \_\_\_\_\_  
Confirmation Number

Date Stamp (Agency)

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2025 MAR 19 AM 10:47

CALIFORNIA  
FORM

803

**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 Supervisors

AGENCY STREET ADDRESS:

Los Angeles CA 90012

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Jonathan Yang, Senior Deputy for Legal Affairs

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:

Kayne Foundation

ADDRESS:

CITY:

Los Angeles

STATE:

CA

ZIP CODE:

90067

☐ 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:

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

NAME:

Southern California Grantmakers Fund

ADDRESS:

CITY:

Los Angeles

STATE:

CA

ZIP CODE:

90012

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:
2/20/25	\$260,000.00	<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	LA Region Small Business and Worker Relief Fund Philanthropic Contribution
		<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 3/18/2025  
DATE

Bv.

SIGNATURE

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