Type or Print in Ink. // 2025 MAR 19 AM11: 58 #	STATE: ZIP CODE: VA 22102
type or Print in Ink. #Contimuation Number PROPOSITION B UNIT Elected Officer or CPUC Member (Last name, First name) Agency NAME: Agency Street AdDress: ELECTED OFFICER OR CPUC MEMBER: Agency Street AdDress: Los Angency Street AdDress: Horvath, Lindsey Board of Supervisors Los Angency Street AdDress: Designated contact person (NAME AND TITLE): Area Code/Phone NUMBER: E-MAIL: Amber Maltble, Attorney 213 - (a12 - 7800 amaltbie (Constants) Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) Makimus Donor Advised Fund (DAF) DAF NAME: DONOR(S) AND DONOR'S ADVISOR (SEE INSTRUCTIONS) Donor Advised Fund (DAF) DAF NAME: DONOR(S) AND DONOR'S ADVISOR (SEE INSTRUCTIONS) Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) Maximus Payor is a named party or the subject of a proceeding before my agency. BRIEF DESCRIPTION OF PROCEEDINGS: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) NAME: Los Angeles City: S Outherm California Grantmakers ADDRESS:	STATE: ZIP CODE: VA 22102
Elected Officer or CPUC Member (Last name, First name) ELECTED OFFICER OR CPUC MEMBER: AGENCY NAME: AGENCY STREET ADDRESS: Horvath, Lindsey Board of Supervisors Los Ange DESIGNATED CONTACT PERSON (NAME AND TITLE): AREA CODE/PHONE NUMBER: E-MAIL: Amaltbild Attorney 213 - (212 - 7800 E-MAIL: Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) MARE: CITY: Maximus ADDRESS: CITY: ST. Maximus Donor Advised Fund (DAF) DAF NAME: DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Image: Payor is a named party or the subject of a proceeding before my agency. BRIEF DESCRIPTION OF PROCEEDINGS: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) ADRESS: CITY: SC NAME: ADDRESS: CITY: SC CITY: SC Southern California Grantmakers ADDRESS: CITY: SC For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member or staff member or executive officer or positi	STATE: ZIP CODE: VA 22102
Horvath, Lindsey Board of Supervisors Los Ange DESIGNATED CONTACT PERSON (NAME AND TITLE): AREA CODE/PHONE NUMBER: E-MAIL: Am ber Maltbie, Attorney 213-612-7800 amaltbie @ noss a man Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) amaltbie @ noss a man NAME: ADDRESS: CITY: ST Maximus Donor Advised Fund (DAF) DAF NAME: DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Image: Donor Advised Fund (DAF) DAF NAME: DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Image: Donor (S) and payees, include an attachment with the names, addresses and relationship information. Statending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information.) Statending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information.) CITY: Statending case management services contract with Maximus NAME: Southern California Grantmakers CITY: Los Angeles CITY: Statending case and relationship information.) NAME: Southern California Grantmakers CITY:	STATE: ZIP CODE: VA 22102
DESIGNATED CONTACT PERSON (NAME AND TITLE): AREA CODE/PHONE NUMBER: E-MAIL: Am bev Maltble, Attorney 213 - 612 - 7800 amaltble C noss a man Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) Imaltble C noss a man NAME: ADDRESS: CITY: ST. Maximus Imaltble DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) V Imaltble DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) ST. Imaltble	STATE: ZIP CODE: VA 22102
Amber Maltbie, Attorney 213-612-7800 amaltbie @ noss a man Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information) Image: Maximus ADDRESS: CITY: McLean V Maximus Image: Molecular and the subject of a proceeding before my agency. Image: BRIEF DESCRIPTION OF PROCEEDINGS: Extending case management services contract with Maximus Image: Subject of a proceeding before my agency. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) CITY: Subject of a proceeding before my agency. Image: Subject of a proceeding before my agency.	STATE: ZIP CODE: VA 22102
NAME: ADDRESS: CITY: McLean V Donor Advised Fund (DAF) 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: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) CITY: S NAME: ADDRESS: CITY: S Southern California Grantmakers ADDRESS: CITY: S 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 employ capacity (board member or executive officer) or position on an honorary or advisory board. S	VA 22102
Maximus McLean V 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: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) CITY: S NAME: ADDRESS: CITY: S 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 emplor S	VA 22102
Donor Advised Fund (DAF) 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: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) NAME: ADDRESS: Southern California Grantmakers CITY: 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 emplored advisory board.	3
□ Donor Advised Fund (DAF) (see instructions) □ Payor is a named party or the subject of a proceeding before my agency. □ BRIEF DESCRIPTION OF PROCEEDINGS: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) □ CITY: Los Angeles S NAME: ADDRESS: □ CITY: Los Angeles S 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 employ capacity (board member or executive officer) or position on an honorary or advisory board. S	
Payor is a named party or the subject of a proceeding before my agency. BRIEF DESCRIPTION OF PROCEEDINGS: Extending case management services contract with Maximus Payee Information (For additional payees, include an attachment with the names, addresses and relationship information) NAME: Southern California Grantmakers 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 employ	
NAME: ADDRESS: CITY: State Southern California Grantmakers Los Angeles C 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 employed a brief description on an honorary or advisory board. State	
Southern California Grantmakers Los Angeles C 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 employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member in the role of founder, salaried employed to the official official's immediate family member or staff member of the official offici	
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 emplo	STATE: ZIP CODE
	CA 90012
	ployee, decision-making
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 CHARITABLE PURPOS	IVE, GOVERNMENTAL, OSE, OR EVENT:
2/5/2025 100,000.01 MONETARY DONATION	and the second second
MONETARY DONATION IN-KIND GOODS OR SERVICES LEGISLATIVE GOVERNMENTAL CHARITABLE	
The is an estimate and reflects my best efforts at obtaining the accurate information.	
Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)	
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.	
3 18/2025	