

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing <input type="checkbox"/> Check box if an Amendment		Date Stamp (Agency)	CALIFORNIA FORM 803
____/____/____ (Month, Day, Year)		2025 MAR 19 AM 11:58	
# _____ Confirmation Number		PROPOSITION B UNIT	

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

ELECTED OFFICER OR CPUC MEMBER: Horvath, Lindsey	AGENCY NAME: Board of Supervisors	AGENCY STREET ADDRESS: Los Angeles, CA 90012
DESIGNATED CONTACT PERSON (NAME AND TITLE): Amber Maltbie, Attorney	AREA CODE/PHONE NUMBER: 213-612-7800	E-MAIL: amaltbie@nossaman.com

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

NAME: Maximus	ADDRESS:	CITY: McLean	STATE: VA	ZIP CODE: 22102
<input type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME:	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)		
<input checked="" type="checkbox"/> 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		

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

NAME: Southern California Grantmakers	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:
2/5/2025	100,000.01	<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	Contribution to LA County Relief Fund
		<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 the information contained herein is true and complete.

Executed on 3/18/2025
DATE

By _____
SIGNATURE