

Behested Payment Report
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Amendment of Filing
☐ Check box if an Amendment
_____/_____/_____
(Month, Day, Year)

Confirmation Number

MAR 18 2025 FE
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CALIFORNIA
FORM 803

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

ELECTED OFFICER OR CPUC MEMBER: <u>Holly J. Mitchell</u>	AGENCY NAME: <u>Los Angeles County Board of Supervisors</u>	AGENCY STREET ADDRESS: <u>Los Angeles CA 90012</u>
DESIGNATED CONTACT PERSON (NAME AND TITLE): <u>Jonathan Yang, Senior Deputy for Legal Affairs</u>	AREA CODE/PHONE NUMBER: <u>(213) 974-2222</u>	E-MAIL: <u>jyang@bos.lacounty.gov</u>

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

NAME: <u>Wells Fargo FOUNDATION</u>	ADDRESS:	CITY: <u>Los Angeles</u>	STATE: <u>CA</u>	ZIP CODE: <u>90071</u>
<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: <u>5/21/24 and 8/6/24 issuance of various bonds</u>		

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

NAME: <u>Southern California Grantmakers Fund</u>	ADDRESS:	CITY: <u>Los Angeles</u>	STATE: <u>CA</u>	ZIP CODE: <u>90012</u>
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:
<u>2/21/25</u>	<u>\$500,000.00</u>	<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	<u>LA Region Small Business and Worker Relief Fund Philanthropic Contribution</u>
		<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

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