

Behested Payment Report
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MAR 19 2025

Amendment of Filing
☐ Check box if an Amendment
____/____/____
(Month, Day, Year)

Confirmation Number

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LOS ANGELES COUNTY
Date Stamp (Agency)
2025 MAR 19 AM 11:58
PROPOSITION B UNIT

CALIFORNIA
FORM 803

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: FireAid	ADDRESS:	CITY: Inglewood	STATE: CA	ZIP CODE: 90303
<input checked="" type="checkbox"/> Donor Advised Fund (DAF) (see instructions)	DAF NAME: GS DAF for Wealth Management, Inc.	DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) Gillian Zucker and Jennifer Lewis		
<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: 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:
02/24/2025	\$4,500,000.00	<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	Contribution to LA County Relief Fund
02/25/2025	\$3,500,000.00	<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	Contribution to LA County Relief Fund

☐ 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