

**Betheted Payment Report**  
A Public Document

Type or Print In Ink.

OCT 29 2025 A

<input type="checkbox"/> Amendment of Filing Check box if an Amendment	Date Stamp (Agency) RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 803
(Month, Day, Year) 2025 OCT 29 AM 8:55		
# Confirmation Number	PROPOSITION B UNIT	

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

ELECTED OFFICER OR CPUC MEMBER:

**Kathryn Barger**

DESIGNATED CONTACT PERSON (NAME AND TITLE):

**Anna Mouradian, Chief of Staff**

AGENCY NAME:

**Los Angeles County Board of Supervisors**

AGENCY STREET ADDRESS:

**Los Angeles, CA 90012**

AREA CODE/PHONE NUMBER:

**(213) 974-1411**

E-MAIL:

**amouradian@bos.lacounty.gov**

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

NAME:

**AT&T**

ADDRESS:

CITY:

**El Segundo**

STATE:

**CA**

ZIP CODE:

**90243**

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

Donor Advised Fund (DAF)  
(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:

**Child & Family Center**

A E

CITY:

**Santa Clarita**

STATE:

**CA**

ZIP CODE:

**92350**

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:

**Nonprofit is in the Supervisor's district.**

**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:
10/21/2025	\$10,000.00	<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	<b>Charitable funding.</b>
		<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

**10/20/2025**

DATE

By