

Behested Payment Report
A Public Document

Type or Print in Ink.

OCT 29 2025

Amendment of Filing <input type="checkbox"/> Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) RECEIVED BY LOS ANGELES COUNTY 2025 OCT 29 AM 8:55	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:

Kathryn Barger

AGENCY NAME:

Los Angeles County Board of Supervisors

AGENCY STREET ADDRESS:

Los Angeles, CA 90012

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Anna Mouradian, Chief of Staff

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

☐ 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:

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

NAME:

Child & Family Center

ADDRESS:

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	Charitable funding.
		<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 _____ 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