

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 02 2024 **BM**
 LOS ANGELES COUNTY
 497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
 For Official Use Only
 Date Stamp
 2024 FEB -2 PM 5:00
 PROPOSITION B UNIT

NAME OF FILER
 California Union Trades Supporting Barger for Supervisor 2024 sponsored by the State Building & Construction Trades Council of California

AREA CODE/PHONE NUMBER: (916) 443-3302
 I.D. NUMBER (if applicable): 1465915

STREET ADDRESS: _____

CITY: Sacramento STATE: CA ZIP CODE: 95814

Date of This Filing: 02/02/2024

Report No. 41518

Amendment to Report No. _____ (explain below)

No. of Pages: 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/02/2024	State Building and Construction Trades Council of California Independent Expenditure PAC Sacramento, CA 95814 Committee ID # 1377164	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Reason for Amendment: _____