

497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 05 2024

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY

Date Stamp
2024 FEB -5 PM 4:10

CALIFORNIA FORM 497

For Official Use Only

PROPOSITION B UNIT

NAME OF FILER NORTH LOS ANGELES COUNTY RESIDENTS FOR BARGER FOR SUPERVISOR 2024		
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1465846	
STREET ADDRESS		
CITY LOS ANGELES	STATE CA	ZIP CODE 90071

Date of This Filing 02/05/2024

Report No. 02052024

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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/02/2024	STAY GREEN INC. SANTA CLARITA, CA 91350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00
		<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: _____
