

497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 14 2024 EM

497 CONTRIBUTION REPORT

NAME OF FILER
INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT

AREA CODE/PHONE NUMBER: (213) 624-6200 I.D. NUMBER (if applicable): 1464782

STREET ADDRESS: _____

CITY: LOS ANGELES STATE: CA ZIP CODE: 90071

Date of This Filing: 02/14/2024

Report No.: 02142024

Amendment to Report No. _____ (explain below)

No. of Pages: 1

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 FEB 14 PM 12:45
PROPOSITION B UNIT

CALIFORNIA FORM 497

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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
02/13/2024	LA JOBS PAC: SPONSORED BY LOS ANGELES AREA CHAMBER OF COMMERCE LOS ANGELES, CA 90017 Committee ID # 990680	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <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

Reason for Amendment: _____

*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