

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

MAR 01 2024 **EA**

497 CONTRIBUTION REPORT

NAME OF FILER INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT		
AREACODE/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 03/01/2024

Report No. 03012024

Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp
2024 MAR -1 PM 2:12
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
02/29/2024	HOTEL ASSOCIATION OF LOS ANGELES LOS ANGELES, CA 90077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/29/2024	SANTA CLARITA VALLEY CHAMBER PAC LONG BEACH, CA 90802 Committee ID # 1443133	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		42,000.00 <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

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