

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Kathryn Barger for Supervisor 2024			Date of This Filing 01/12/2024	Date Stamp 2024 JAN 15 AM 9:00 PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1456528	Report No. 011224A			
STREET ADDRESS _____					
CITY Los Angeles	STATE CA	ZIP CODE 90017	<input type="checkbox"/> 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
01/11/2024	Jamie Meyer Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00
		<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: _____
