

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 16 2024
LOS ANGELES COUNTY
Date Stamp
JAN 17 AM 8:13
PROPOSITION B UNIT

NAME OF FILER Kathryn Barger for Supervisor 2016 Attorney's Fees Fund			Date of This Filing 01/16/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable) 1383622		Report No. 011624A	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90017	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
01/12/2024	Wayne Crawford Canyon Country, CA 91387	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Santa Clarita Concrete	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/15/2024	Steve Robinson Los Angeles, CA 90024	<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"/> Check if Loan _____% Provide interest rate
01/15/2024	Janet Crown Los Angeles, CA 90024	<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"/> 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: _____