-107 G OTHER IS	ution Report		Amounts	may be rounded to w	hole dollars.		CONTRIBUTION REPORT
NAME OF FILER Kathryn Barger for Supervisor 2024				Date of		Date Stamp CAL	EODAHA
				This Filing	01/19/20242024	JAN 22 AM 8: 10 F	FORM 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)						or Official Use Only	
(213) 452-6565 1456528			Keport No.	110	POSITION B UNIT		
TREET ADDRESS				☐ Amendment No.	nt		
ITY	STATE ZIP CODE		(explain below)				
Los Angeles		CA	90017	No. of Pages	1		
. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBL (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/18/2024	Wendv Mever Los Angeles, CA 90049				IND Retired N/A OTH PTY	1,500.00	
							☐ Check if Loan
					□ scc		Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY		☐ Check if Loan
					scc		Provide interest rate
					☐ IND☐ COM☐ OTH☐ PTY		☐ Check if Loan
					□ scc		Provide interest rate
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Committee (OTH – Other (e.g., business PTY – Political Party	entity)