497 Contrib	ution Report	Amoun	its may be rounded to	whole dollars.	RECEIVED BY JAN 2 3 2	1024 EM 497 CONTRIBUTION REPORT	
NAME OF FILER Kathryn Barger for Supervisor 2024 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Date of This Filing 01/23/2024 CALIFORNIA FORM CALIFORNIA FORM FORM FOR Official Use Only			LIFORNIA 107	
						For Official Use Only	
(213) 452-6565 1456528		Report No.	012324A	OPOSITION B UNIT			
STREET ADDRESS			☐ Amendm	ent	or nothing B OMIT		
CITY	STATE ZIP CODE (explain below) CA 90017 No. of Page						
Los Angeles			s1				
1. Contributi	ion(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 EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BUSIN		
01/22/2024	James Parks			IND IND	CPA CBIZ MHM LLC	1,500.00	
	Los Angeles, CA 900	25		COM OTH PTY SCC	CBIZ MRM ELC	☐ Check if Loan	
						Provide interest rate	
01/22/2024	Stephen Larson Upland, CA 91784			IND COM OTH PTY SCC	Lawyer Larson LLP	Check if Loan Provide interest rate	
01/22/2024	James Parks			₹ IND	K IND CPA CBIZ MHM LLC	1,500.00	
	Los Angeles, CA 900	25		COM OTH PTY SCC	COTE MAN ELC	☐ Check if Loan	