NAME OF FILER				Date of		S ANGELES COUNTY CALIF	ORNIA 107
	for Supervisor 2024	Tr.		This Filing _	01/26/2024	24 JAN 29 AM 8: 15	RM 491
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)						or Official Use Only	
(213) 452-6565 STREET ADDRESS		1456528		Meport No		OPOSITION B UNIT	
STREET ADDRESS				☐ Amendme			
CITY		STATE	ZIP CODE	(explain below)			
Los Angeles CA 90017			No. of Pages	5			
1. Contributi	on(s) Received			*			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (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	
01/25/2024	Mary Mckenna					Retired N/A	1,500.0
	Fort Bragg, CA 954	137			COM OTH PTY SCC	N/A	☐ Check if Loan
							Provide interest rate
01/25/2024	Dedan Brozino Pasadena, CA 91103	3			IND COM OTH PTY	President Rose Bowl Legacy Foundation	1,500.00
					□ scc		Provide interest rate
01/25/2024	Margot Armbruster  Los Angeles, CA 90025				∑ IND □ COM	Homemaker N/A	1,500.00
					☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
							Provide interest rate
Reason for Amer	dment:					*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)

497 Contrib	ution Report	Amoun	ts may be rounded to	whole dollars.	RECEIVED BY JAN 2 6 20	24 EM CONTRIBUTION REPORT
NAME OF FILER Kathryn Barger	for Supervisor 2024		Date of This Filing	01/06/0004	Date Stamp CALIF	ORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)				r Official Use Only
(213) 452-6565	(213) 452-6565 1456528			012624A	ROPOSITION B UNIT	
STREET ADDRESS			☐ Amendm			
CITY		STATE ZIP CODE	(explain below)			
Los Angeles	CA 90017 No. of Pages			s5		
1. Contributi	on(s) Received		—— <del>↑</del>			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2024	Building Industry A	Association of Southern Californ	☐ IND		1,500.0	
	Los Angeles, CA 900 Committee ID # 7417			COM OTH PTY SCC		☐ Check if Loan
						Provide interest rate
01/25/2024	Craig Van Dam  Lancaster, CA 93536	5		IND COM OTH PTY SCC	Owner Van Dam Farms	Check if Loan  Provide interest rate
01/25/2024	Craig Van Dam			Owner	1,500.0	
	Lancaster, CA 93536	5		Van Dam Farms	☐ Check if Loan	

NAME OF FILER	ution Report	Amount	ts may be rounded to w		RECEIVED BY ANGELDAN STAMPINTY CA	497 CONTRIBUTION REPOR	
Kathryn Barger	for Supervisor 2024		Date of This Filing	01/26/2024	O,	CALIFORNIA 497	
AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)				<u> </u>	JAN 29 AM 8: 15	For Official Use Only	
(213) 452-6565 1456528			Report No. 01	12624A DD1	POSITION B UNIT		
STREET ADDRESS			☐ Amendme	ent	OSTITION B ONLY		
CITY		STATE ZIP CODE	(explain below)				
Los Angeles		CA 90017	No. of Pages	5			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *			
01/25/2024	Christopher Smith			₹ IND	Therapist Christopher Smith	1,500.0	
	Wrightwood, CA 923	97		☐ COM ☐ OTH ☐ PTY	chiriscopher smith	☐ Check if Loan	
			□ scc		Provide interest rate		
01/25/2024	Christopher Smith		E IND	Therapist	1,500.0		
	Wrightwood, CA 923	97		IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Christopher Smith	☐ Check if Loan	
01/25/2024	Ken Maler Construction Inc.					Provide interest rate	
01/25/2024	Acton, CA 93510	eron me.		☐ IND ☐ COM ☑ OTH		☐ Check if Loan	
1				☐ PTY ☐ SCC		% Provide interest rate	
Reason for Amer	dment:				*Contributor Codes IND – Individual COM – Recipient Committ OTH – Other (e.g., busine PTY – Political Party SCC – Small Contributor C	tee (other than PTY or SCC	

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

NAME OF FILER			Date of	10	Date Stamp CALIF	ORNIA 407
Kathryn Barger	for Supervisor 2024		This Filing _	01/26/2024 707	JAN 29 AM 8: 15 FC	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No.		Fo	or Official Use Only
(213) 452-6565		1456528	Report No. 3		OPOSITION B UNIT	
STREET ADDRESS			☐ Amendme			
CITY		STATE ZIP CODE	(explain below)			
Los Angeles		CA 90017	No. of Pages	55		
1. Contributi	on(s) Received	E, STREET ADDRESS AND ZIP CODE OF CON	ITRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT
RECEIVED		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
01/25/2024	Vince Loporchi Burbank, CA 91506		☑ IND	Owner VHL Plumbing Inc.	1,000.00	
				OTH PTY		☐ Check if Loan
				□ scc		Provide interest rate
01/25/2024	Chris Cortazzo				Owner Cortazzo Inc.	1,500.00
	Malibu, CA 90265			☐ COM ☐ OTH ☐ PTY		☐ Check if Loan
				□ scc		Provide interest rate
01/25/2024	Ken Schafer Burbank, CA 91504			₹ IND	Owner Schafer Electric Inc.	1,000.0
				OTH		☐ Check if Loan
				□ scc		Provide interest rate
					*Contributor Codes IND – Individual COM – Recipient Committee (c OTH – Other (e.g., business e	

497 Contribution Report  NAME OF FILER  Kathryn Barger for Supervisor 2024			s may be rounded to wi	nole dollars.	JAN 2 6 2024 EM RECEIVENNEY LUNG CONTRIBUTION REPORT		
			Date of This Filing		LUSDAFRAMES CI CALIFO	RNIA 107	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1456528		PROPOSITION BUNIT			Official Use Only		
STREET ADDRESS					PROPUSITION DON!!		
CITY Los Angeles	STATE ZIP CODE ngeles CA 90017		(explain below)  No. of Pages 5				
1. Contributio	n(s) Received						
DATE RECEIVED		NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (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	
01/25/2024	Patricia Cortazzo Malibu, CA 90265			☑ IND ☐ COM ☐ OTH	Retired N/A	1,500.00	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2024	Patricia Cortazzo  Malibu, CA 90265	IND □ COM	Retired N/A	1,500.00
		☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		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