

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY FEB 14 2024 *EM*

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		Date of This Filing 2/14/2024	Date Stamp 2024 FEB 14 PM 12:45	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (If applicable) 1462438	Report No. 02142024A	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Kathryn Barger				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor	DISTRICT NO. 5	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO /LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/13/2024	POS \$1,852,870.92	\$12,436.52
02/13/2024	Voter Data \$1,852,870.92	\$791.45
02/13/2024	LIT \$1,852,870.92	\$12,700.62
02/13/2024	Slate Mailers \$1,852,870.92	\$13,809.00

Reason for Amendment: _____

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Page 2 of 2

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3. Contributions of \$100 or More 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	INTEREST RATES
02/13/2024	Union of American Physicians and Dentists Small Contributor Committee Sacramento, CA 95814-4715 ID: 1356185	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$100,000. 00	If loan, enter interest rate, if any _____ %

Reason for Amendment: _____

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****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