

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 13 2024 EM
 LOS ANGELES COUNTY
 Date Stamp
 2024 FEB 14 AM 8:10
 PROPOSITION B UNIT
 CALIFORNIA FORM 497
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NAME OF FILER
 Kathryn Barger for Supervisor 2024

AREA CODE/PHONE NUMBER (213) 452-6565

I.D. NUMBER (if applicable) 1456528

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 02/13/2024

Report No. 021324A

Amendment to Report No. _____
 (explain below)

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 |
|---------------|---|---|---|---|
| 02/12/2024 | Mark Gangi Burbank, CA 91502 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect Gangi Builders, Inc. | 1,300.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 02/12/2024 | Cristie Silverwood San Diego, CA 92127 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Nurse Practitioner UCSD Health | 1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> 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