

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY 496 INDEPENDENT EXPENDITURE REPORT MAR 01 2024

NAME OF FILER CITIZENS FOR KATHRYN BARGER FOR SUPERVISOR 2024 OPPOSING CAREER POLITICIANS		Date of This Filing 03/01/2024	Date Stamp 2024 MAR -1 PM 2:12 PROPOSITION B UNIT	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1466037	Report No. 03012024IE		
STREET ADDRESS CITY STATE ZIPCODE LOS ANGELES CA 90071		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		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 LOS ANGELES COUNTY, #5	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/29/2024	MAILER Cumulative to date total \$49991.60	44,991.60
02/29/2024	RESEARCH Cumulative to date total \$49991.60	5,000.00

Reason for Amendment: _____

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CALIFORNIA FORM 496

NAME OF FILER
CITIZENS FOR KATHRYN BARGER FOR SUPERVISOR 2024 OPPOSING CAREER POLITICIANS

I.D. NUMBER (If applicable)
1466037

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
02/28/2024	INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT LOS ANGELES, CA 90071 Committee ID# 1464782 NONMONETARY: RESEARCH	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*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
 PTY – Political Party
 SCC – Small Contributor Committee