


# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY **MAR 02 2024**   
 497 CONTRIBUTION REPORT

**LOS ANGELES COUNTY**  
 Date Stamp  
**2024 MAR -4 AM 8:32**  
**PROPOSITION 8 UNIT**

**CALIFORNIA FORM 497**

For Official Use Only

<b>NAME OF FILER</b> 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** 03/02/2024

**Report No.** 030224A

**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
03/01/2024	Bea Bennett San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
03/01/2024	Bea Bennett San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
03/01/2024	Paul Bennett San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committ ee

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_