

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

MAR 04 2024

RECEIVED 496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT			<b>Date of This Filing</b> <u>03/04/2024</u>	Date Stamp <b>LOS ANGELES COUNTY</b> 2024 MAR -4 PM 3:22 PROPOSITION B UNIT	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 624-6200	<b>I.D. NUMBER (if applicable)</b> 1464782		<b>Report No.</b> <u>03022024IE</u>		
<b>STREET ADDRESS</b> _____			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>03022024IE</u> (explain below)		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90071	<b>No. of Pages</b> <u>3</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> KATHRYN BARGER				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> County Supervisor LOS ANGELES COUNTY, #5	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	CANVASSING AND TEXT MESSAGES Cumulative to date total \$216552.40	31,259.00
03/01/2024	CONSULTING Cumulative to date total \$216552.40	10,000.00
03/01/2024	POLLING Cumulative to date total \$216552.40	11,000.00
03/01/2024	TELEPHONE CALLS AND TEXT MESSAGES Cumulative to date total \$216552.40	22,293.40

AMENDING INDEPENDENT EXPENDITURE

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

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<b>NAME OF FILER</b> INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT		
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1464782	
STREET ADDRESS		
CITY LOS ANGELES	STATE CA	ZIP CODE 90071

**Date of This Filing** 03/04/2024

**Report No.** 03022024IE

Amendment to Report No. 03022024IE (explain below)

**No. of Pages** 3

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## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
KATHRYN BARGER							
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
03/01/2024	CONSULTING Cumulative to date total \$216552.40	12,000.00
03/01/2024	RESEARCH Cumulative to date total \$216552.40	5,000.00

AMENDING INDEPENDENT EXPENDITURE

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

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER

INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT

I.D. NUMBER (if applicable)

1464782

### 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
02/29/2024	HOTEL ASSOCIATION OF LOS ANGELES LOS ANGELES, CA 90077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	If loan, enter interest rate, if any _____ %
02/29/2024	SANTA CLARITA VALLEY CHAMBER PAC LONG BEACH, CA 90802 Committee ID# 1443133	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		42,000.00	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 _____ %

\*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