

497 Contribution Report

Amounts may be rounded to whole dollars

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LOS ANGELES COUNTY
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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT			Date of This Filing 03/05/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1464782	Report No. 03052024		
STREET ADDRESS _____				
CITY LOS ANGELES	STATE CA	ZIP CODE 90071		

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
03/04/2024	NATIONAL ASSOCIATION OF INDUSTRIAL & OFFICE PROPERTIES SOCIAL PAC (NAIOP) IRVINE, CA 92618 Committee ID # 950520	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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
		<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

*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

Reason for Amendment: _____