

# 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

**CALIFORNIA FORM 497**  
For Official Use Only

NAME OF FILER Kathryn Barger for Supervisor 2016 Attorney's Fees Fund			Date of This Filing 01/02/2024
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1383622	Report No. 010224A	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
12/31/2023	Marv Urcuhart South Pasadena, CA 91030	<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
01/01/2024	Mark Van Kirk McLean, VA 22101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner Van Kirk, LLC	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

\*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: \_\_\_\_\_