

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 19 2024 EM
 LOS ANGELES COUNTY
 2024 JAN 22 AM 6:10
 PROPOSITION B UNIT

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		Date of This Filing 1/19/2024 Report No. 01192024A <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (323) 452-6565	I.D. NUMBER (if applicable) 1462438		
STREET ADDRESS _____			
CITY Los Angeles	STATE CA	ZIP CODE 90017	

1. Contributions 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
01/18/2024	American Federation of State, County & Municipal Employees Local No. 685 Political Action Committee Vernon, CA 90058-3914 ID: 744558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$75,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

*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