

**Recipient Committee
Campaign Statement
Cover Page**

EM COVER PAGE

RECEIVED BY JAN 25 2024
LOS ANGELES COUNTY CALIFORNIA **460**
Date Stamp: 2024 JAN 25 PM 11:44
PROPOSITION B UNIT

**2001/02
FORM**

Page 1 of 24
For Official Use Only

Statement covers period
from 1/1/2024
through 1/20/2024

Date of election if applicable
(Month, Day, Year)
3/5/2024

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1462438

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213) 452-6565</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
pcdfilings@kaufmanlegalgroupo.com

Treasurer(s)

NAME OF TREASURER
Tony Carcioppolo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Monte</u>	<u>CA</u>	<u>91731</u>	<u>(626) 315-5135</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____	DATE _____	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	DATE _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on _____	DATE _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	DATE _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 460 (Jan/2016)
FPPC Advice:
advice@fppc.ca.gov
(866/275-3772)
www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page-Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE Kathryn Barger	OFFICE SOUGHT OR HELD County Supervisor	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------------------------	--------------------------------------------	--------------------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2024</u> through <u>1/20/2024</u>	
Page <u>3</u> of <u>24</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

I.D. NUMBER

1462438

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$125,000.00	\$125,000.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$125,000.00	\$125,000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$125,000.00	\$125,000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$603,601.70	\$603,601.70
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$603,601.70	\$603,601.70
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$603,601.70	\$603,601.70

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made *	
(If Subject to Voluntary Expenditure Limit)	
Date of Election	Total to Date
(mm/dd/yyyy)	
_____	_____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$1,558,134.91
13. Cash Receipts..... Column A, Line 3 above	\$125,000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$603,601.70
16. ENDING CASH BALANCE..Add Lines 12+13+14, then subtract Line 15	\$1,079,533.21

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in schedule B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$0.00

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

I.D. NUMBER
1462438

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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	\$75,000.00	
01/19/2024	Los Angeles County Professional Peace Officers' Association Independent Expenditure Committee Sacramento, CA 95814-3970 ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,000.00	

SUBTOTAL \$125,000.00

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$125,000.00

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$125,000.00

*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from <u>1/1/2024</u>	through <u>1/20/2024</u>	
		Page <u>5</u> of <u>24</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

I.D. NUMBER
1462438

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$57391.78 POS	\$0.00	\$799,009.79	
01/02/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$55541.22 LIT	\$0.00	\$799,009.79	
01/02/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$1983.14 Voter Data	\$0.00	\$799,009.79	

SUBTOTAL \$114,916.14

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$799,009.79

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	Page 6 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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1462438

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/04/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$125,000.00	\$799,009.79	
01/05/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$30,000.00	\$799,009.79	
01/08/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$71,763.98	\$799,009.79	

SUBTOTAL \$226,763.98

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$799,009.79

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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1462438

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/08/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$26716.95 LIT	\$0.00	\$799,009.79	
01/09/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$46,261.40	\$799,009.79	
01/09/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$18555.76 LIT	\$0.00	\$799,009.79	

SUBTOTAL \$91,534.11

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$799,009.79

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period	CALIFORNIA FORM 460
from 1/1/2024 through 1/20/2024	
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1462438

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/09/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$1376.99 Voter Data	\$0.00	\$799,009.79	
01/09/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$70,000.00	\$799,009.79	
01/10/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Video Ads	\$29,837.66	\$799,009.79	

SUBTOTAL \$101,214.65

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$799,009.79

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
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NAME OF FILER
Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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1462438

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/16/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Memo: \$33892.25 LIT	\$0.00	\$799,009.79	
01/16/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$77,275.82	\$799,009.79	
01/19/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$54,468.33	\$799,009.79	

SUBTOTAL \$165,636.40

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100.....	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL \$799,009.79

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/19/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$43,708.06	\$799,009.79	
01/19/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$30,298.77	\$799,009.79	
01/19/2024	Kathryn Barger County Supervisor County: County of Los Angeles District No: 5 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$24,937.68	\$799,009.79	

SUBTOTAL \$98,944.51

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$799,009.79
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$799,009.79

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period	CALIFORNIA FORM 460
from 1/1/2024 through 1/20/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$57391.78 POS, Kathryn Barger, Support	\$0.00
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$55541.22 LIT, Kathryn Barger, Support	\$0.00
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$1983.14 Voter Data, Kathryn Barger, Support	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$603,551.70
2. Unitemized payments made this period of under \$100	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$603,601.70

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND	Video Ads, Kathryn Barger, Support	\$125,000.00
J&Z Strategies Orange, CA 92869-3812	IND	Video Ads, Kathryn Barger, Support	\$30,000.00
J&Z Strategies Orange, CA 92869-3812	IND	POS, Kathryn Barger, Support	\$71,763.98

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$226,763.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$603,551.70
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$603,601.70

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	Page 13 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$26716.95 LIT, Kathryn Barger, Support	\$0.00
J&Z Strategies Orange, CA 92869-3812	IND	POS, Kathryn Barger, Support	\$46,261.40
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$18555.76 LIT, Kathryn Barger, Support	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$46,261.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$603,551.70
2. Unitemized payments made this period of under \$100	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$603,601.70

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
		Page 14 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$1376.99 Voter Data, Kathryn Barger, Support	\$0.00
J&Z Strategies Orange, CA 92869-3812	IND	Video Ads, Kathryn Barger, Support	\$70,000.00
J&Z Strategies Orange, CA 92869-3812	IND	Video Ads, Kathryn Barger, Support	\$29,837.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$99,837.66

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$603,551.70
2. Unitemized payments made this period of under \$100.....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$603,601.70

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND	Memo: \$33892.25 LIT, Kathryn Barger, Support	\$0.00
J&Z Strategies Orange, CA 92869-3812	IND	POS, Kathryn Barger, Support	\$77,275.82
J&Z Strategies Orange, CA 92869-3812	IND	POS, Kathryn Barger, Support	\$54,468.33

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$131,744.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$603,551.70
2. Unitemized payments made this period of under \$100	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$603,601.70

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J&Z Strategies Orange, CA 92869-3812	IND		LIT, Kathryn Barger, Support	\$43,708.06
J&Z Strategies Orange, CA 92869-3812	IND		POS, Kathryn Barger, Support	\$30,298.77
J&Z Strategies Orange, CA 92869-3812	IND		LIT, Kathryn Barger, Support	\$24,937.68

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$98,944.51

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$603,551.70
2. Unitemized payments made this period of under \$100.....	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$603,601.70

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2024</u> through <u>1/20/2024</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

I.D. NUMBER
 1462438

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 J&Z Strategies

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Movie Co. New York, NY 10003-4842	IND		Video Ads	\$845.00
Bullseye Marketing Chatsworth, CA 91311-6020	IND	LIT		\$100,321.37
Bullseye Marketing Chatsworth, CA 91311-6020	IND	LIT		\$8,995.73
Bullseye Marketing Chatsworth, CA 91311-6020	IND	LIT		\$6,531.05

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
Page 18 of 24		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bullseye Marketing Chatsworth, CA 91311-6020	IND	LIT		\$3,950.38
CMS Productions Venice, CA 90291-3678	IND		Video Ads	\$7,116.54
Cop Shop LA Sun Valley, CA 91352-1129	IND		Video Ads	\$3,572.98
EZ Cater Boston, MA 02109-3604	IND		Video Ads	\$609.52

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	Page 19 of 24

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Media Services Inc. Marina Del Rey, CA 90292-5673	IND	Video Ads	\$5,616.54
Meta Menlo Park, CA 94025-1456	IND	Video Ads	\$28,177.50
Meta Menlo Park, CA 94025-1456	IND	Video Ads	\$281,770.50
Michael Pessah Los Angeles, CA 90026-1142	IND	Video Ads	\$1,850.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	Page 20 of 24

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NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations	I.D. NUMBER 1462438
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. Norwalk, CA 90650-8352	IND	Voter Data	\$3,316.13
Political Data Inc. Norwalk, CA 90650-8352	IND	Voter Data	\$1,376.99
Powers Interactive Digital LLC (David Powers) Lower Gwynedd, PA 19002-1932	IND	Video Ads	\$158,100.00
Powers Interactive Digital LLC (David Powers) Lower Gwynedd, PA 19002-1932	IND	Video Ads	\$158,100.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
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through	1/20/2024	Page 21 of 24

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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Surjaya Artistry Lakewood, CA 90712-1307	IND		Video Ads	\$800.00
Union Graphics LLC Sun Valley, CA 91352-1064	IND	LIT		\$86,568.50
Union Graphics LLC Sun Valley, CA 91352-1064	IND	LIT		\$19,865.80
Union Graphics LLC Sun Valley, CA 91352-1064	IND	LIT		\$10,962.86

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260-0004	IND		POS	\$57,391. 78
United States Postal Service Washington, DC 20260-0004	IND		POS	\$26,716. 40
United States Postal Service Washington, DC 20260-0004	IND		POS	\$46,261. 40
United States Postal Service Washington, DC 20260-0004	IND		POS	\$77,275. 82

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
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NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260-0004	IND		POS	\$54,468.33
United States Postal Service Washington, DC 20260-0004	IND		POS	\$30,298.77
Ken Van Hoy Boulder, CO 80304-4339	IND		LIT	\$2,600.00
Ken Van Hoy Boulder, CO 80304-4339	IND		LIT	\$650.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	1/1/2024	
through	1/20/2024	
Page 24 of 24		I.D. NUMBER
		1462438

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Van Hoy Boulder, CO 80304-4339	IND	LIT		\$650.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1,184,759.
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* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.