

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 JAN 31 PM 12:32
PROPOSITION B UNIT

JAN 31 2024 *EM*
497 CONTRIBUTION REPORT

CALIFORNIA
FORM **497**
For Official Use Only

NAME OF FILER NORTH LOS ANGELES COUNTY RESIDENTS FOR BARGER FOR SUPERVISOR 2024			Date of This Filing 01/31/2024
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1465846		
STREET ADDRESS			Report No. 01312024 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
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
01/30/2024	TODD STEVENS SANTA CLARITA, CA 91350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENERGY EXECUTIVE BLACK KNIGHT ENERGY	2,000.00 <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

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