496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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FEB 2 1 2024 EM

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations			Date of This Filing 2/21/2024	024 FEB 22 Date \$12 20	CALIFORNIA FORM	496
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable)		Report No. 02212024A PROPOSITION B UNIT		For Official Use Only	
(213) 452-6565	1462438		Amendment			
STREET ADDRESS			to Report No.			
CITY Los Angeles	STATE CA	ZIP CODE 90017	(explain below) No. of Pages 1			
1. List Only One Candidate o	r Ballot Measure					
NAME OF CANDIDATE SUPPORTED OR OPPOSED Kathryn Barger			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO. SU	PPORT OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPP	ORT OPPOSE
County Supervisor	5					
2. Independent Expenditures	Made Attach addi	itional information o	n appropriately labeled continuation shee	ts.		
DATE	DESCRIPTION OF EXPENDITURE				AMOUNT	
02/20/2024	Slate Mailers \$1,978,748.58				\$21,092.00	