497 Contribution Report	Amounts r	be rounded to whole dollars. RECEIVED BY FEB 2 6 2024		
NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		Date of This Filing 2/26/2024 2124 FEB 26 PM 2: 03 CALIFORNIA FORM 497		
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1462438	Report No. 02262024A PROPOSITION BUNIT For Official Use Only		
STREET ADDRESS		to Report No.		
CITY Los Angeles	STATE ZIP CODE CA 90017	No. of Pages 1		
1. Contributions Receive	ed			

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
02/23/2024	A Coalition for a Safer Los Angeles County Sponsored by Association for Los Angeles Deputy Sheriffs Monterey Park, CA 91755-7406 ID: 1359227	□ IND □ COM □ OTH □ PTY ☑ SCC		\$100,000. 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

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov