NAME OF FILER Working Families and First Responders for Kathryn Barger for Sponsored by Labor Organizations			y be rounded to whole dollars.	RECEIVED BY FEB 2 9 2024 EM			
			Date of This Filing 2/29/2024	LUS ANGE Date Samo UNTY	FORM 490		
		ble)	Report No. 02292024A		For Official Use Only		
			to Report No.	—			
STATE CA	ZIP CODE 90017		(explain below) No. of Pages 1				
or Ballot Measure							
OPPOSED			NAME OF BALLOT MEASUR	RE SUPPORTED OR OPPOSED			
DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE		
5	\checkmark						
s Made Attach	additional info	rmation on	appropriately labeled continuation shee	ets.			
	AMOUNT						
	\$1,210.41						
	\$28,464.26						
	\$24,914.50						
	\$1,965.50						
	\$7,809.00						
		101					
	STATE CA OF Ballot Measure OPPOSED DISTRICT NO. 5	s for Kathryn Barger for Superviso I.D. NUMBER (If applical 1462438 1462438 1462438 1462438 STATE	S for Kathryn Barger for Supervisor 2024 I.D. NUMBER (If applicable) 1462438 STATE	Amounts may be rounded to whole dollars. Solution Date of This Filing 2/29/2024 I.D. NUMBER (If applicable) 1462438 Amendment to Report No. STATE	Amounts may be rounded to whole dollars. RECEIVED BY FLE S for Kathryn Barger for Supervisor 2024 I.D. NUMBER (if applicable) 1462438		

Reason for Amendment:				