

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

MAR 02 2024 
496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT		Date of This Filing 03/02/2024	RECEIVED LOS ANGELES COUNTY 2024 MAR -4 AM 8:32 PROPOSITION B UNIT	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1464782	Report No. 03022024IE		
STREET ADDRESS CITY STATE ZIP CODE LOS ANGELES CA 90071		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		No. of Pages 3		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
KATHRYN BARGER							
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
County Supervisor LOS ANGELES COUNTY, #5		X					

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	CANVASSING Cumulative to date total \$216552.40	31,259.00
03/01/2024	CONSULTING Cumulative to date total \$216552.40	10,000.00
03/01/2024	POLLING Cumulative to date total \$216552.40	11,000.00
03/01/2024	TELEPHONE CALLS AND TEXT MESSAGES Cumulative to date total \$216552.40	22,293.40

Reason for Amendment: _____

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STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90071		
		No. of Pages <u>3</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED KATHRYN BARGER				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor LOS ANGELES COUNTY, #5	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
03/01/2024	CONSULTING Cumulative to date total \$216552.40	12,000.00
03/01/2024	RESEARCH Cumulative to date total \$216552.40	5,000.00

Reason for Amendment: _____

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CALIFORNIA
FORM 496
I.D. NUMBER (if applicable)
1464782

NAME OF FILER
INDEPENDENT COMMITTEE TO RE-ELECT KATHRYN BARGER FOR LA COUNTY SUPERVISOR 2024 FOR RESPONSIBLE GOVERNMENT

3. Contributions of \$100 or More 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	INTEREST RATES
02/29/2024	HOTEL ASSOCIATION OF LOS ANGELES LOS ANGELES, CA 90077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	If loan, enter interest rate, if any _____%
02/29/2024	SANTA CLARITA VALLEY CHAMBER PAC LONG BEACH, CA 90802 Committee ID# 1443133	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		42,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee