				100		CONTRIBUTION REPOR
<b>NAME OF FILER</b> Kathryn Barger	for Supervisor 2024		This Filing 02/06/2024		F0	CALIFORNIA 497
AREA CODE/PHONE I	NUMBER	I.D. NUMBER (if applicable)			FEB -7 AM 8: 10	r Official Use Only
(213)452-6565		1456528	Report No. 02	20624A	OPOSITION B UNIT	
STREET ADDRESS			☐ Amendme to Report No	ent		
CITY		(explain below)				
Los Angeles CA 90017			No. of Pages	33		
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/05/2024	Effie Goldberg			₹ IND	Adolescent Healthcare Ascend Healthcare	1,500.0
	Los Angeles, CA 900	035		COM OTH PTY SCC	nocia nourenoure	Check if Loan
02/05/2024	Candice Hanson				Attorney	1,000.0
	Beverly Hills, 902:	12		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Candice Hanson	☐ Check if Loan
02/05/2024	Sam Kozhaya				Legendary Entertainment Executive	1,500.0
	Downey, 90241			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive	Check if Loan

I.D. NUMBER (if applicable) 1456528  STATE ZIP CODE CA 90017	Date of This Filing Report No.  Amendm to Report N (explain below) No. of Page	02/06/2024 702 020624A 7 R nent o	FEB -7 AM 8: 10	CONTRIBUTION REPORT FORNIA 497 ORM OR Official Use Only
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FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (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
		∑ IND	Retired N/A	1,000.0
		□ OTH □ PTY		☐ Check if Loan
		□ scc		Provide interest rate
l-Jeffre		⊠ IND	Marketing	1,000.0
reles, CA 90065		☐ сом ☐ отн		☐ Check if Loan
		scc		%
James Burnett			Not-Employed	Provide interest rate
		∏ IND	N/A	2,000.0
		☐ PTY		☐ Check if Loan
		☐ SCC		Provide interest rate
	Madre, CA 91024  pl-Jeffre geles, CA 90065  Burnett na, 91001	Madre, CA 91024  pl-Jeffre geles, CA 90065	Madre, CA 91024    IND   COM   OTH   PTY   SCC     Scc   CA 90065   COM   OTH   PTY   SCC     Scc   CA 90065   COM   OTH   PTY   SCC     Surnett   IND   COM   OTH   COM   OTH   COM   OTH   COM   OTH   COM   OTH   COM   COM   OTH   COM   COM	Retired Madre, CA 91024    ND

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Kathryn Barger	for Supervisor 2024	I.D. NUMBER (if applicable)	This Filing	AUTALED - 1 VM Si IL	KIVI	
(213) 452-6565 1456528  STREET ADDRESS  CITY STATE ZIP CODE		Report No. 020624A  Amendment to Report No.		ROPOSITION BUNIT	r Official Use Only	
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		STATE ZIP CODE	/aveleia belavi)			
Los Angeles		CA 90017	No. of Page	<b>s</b> 3		
1. Contributio	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/05/2024	Maria Salinas			K IND	Not-Employed N/A	1,500.0
	Los Angeles, CA 90		☐ COM ☐ OTH ☐ PTY	IV/A	☐ Check if Loan	
				□ scc		Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan