496 Independent Expenditure Report Amounts may be rounded to whole dollars. NAME OF FILER **CALIFORNIA** Date of 2/17/202AU24FEB 20 AM 8: 39 Working Families and First Responders for Kathryn Barger for Supervisor 2024 This Filing **FORM** Sponsored by Labor Organizations For Official Use Only Report No. AREA CODE/PHONE NUMBER I.D. NUMBER (If applicable) (213) 452-6565 1462438 Amendment STREET ADDRESS to Report No. (explain below) CITY STATE ZIP CODE No. of Pages 90017 Los Angeles CA 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 SUPPORT BALLOT NO./LETTER JURISDICTION DISTRICT NO. **OPPOSE** 1 County Supervisor 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. DATE DESCRIPTION OF EXPENDITURE AMOUNT 02/16/2024 Slate Mailers \$1,957,656.58 \$8,271.00