

497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 27 2024 

NAME OF FILER LA Jobs PAC: Sponsored by the Los Angeles Area Chamber of Commerce		Date of This Filing <u>2/27/2024</u>	<p>RECEIVED BY LOS ANGELES COUNTY 2024 FEB 28 AM 9:12 PROPOSITION B UNIT</p>	<p>CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 990680	Report No. <u>022726A</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		
		No. of Pages <u>2</u>		

1. Contributions 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
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Reason for Amendment: _____

*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

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/26/2024	Independent Committee to Re-Elect Kathryn Barger for LA County Supervisor 2024 for Responsible Government Los Angeles, CA 90071-3314 ID: 1464782	Kathryn Barger County Supervisor County: Los Angeles County District No: 5	\$15,000.00	03/05/2024

Reason for Amendment: _____