

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		Date of This Filing 1/9/2024	Date Stamp 2024 JAN 10 AM 9:02	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1462438	Report No. 01092024A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	PROPOSITION B UNIT	
CITY Los Angeles	STATE CA	ZIP CODE 90017		

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	DISTRICT NO. 5	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
01/08/2024	POS \$468,397.07	\$71,763.98
01/08/2024	LIT \$468,397.07	\$26,716.95

Reason for Amendment: _____