

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2024 JAN 29 AM 8:15  
PROPOSITION B UNIT

JAN 26 2024 EU  
497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Kathryn Barger for Supervisor 2024			<b>Date of This Filing</b> 01/26/2024	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1456528		<b>Report No.</b> 01262 A	
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017	<b>No. of Pages</b> 5	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
01/25/2024	Mary Mckenna Fort Bragg, CA 95437	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/25/2024	Dedan Brozino Pasadena, CA 91103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Rose Bowl Legacy Foundation	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/25/2024	Marqot Armbruster Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*Contributor Codes  
 IND – Individual  
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 LOS ANGELES COUNTY  
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<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1456528	<b>Report No.</b> 012624A PROPOSITION B UNIT		
<b>STREET ADDRESS</b> _____				
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017		
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01/25/2024	Building Industry Association of Southern California PAC  Los Angeles, CA 90071 Committee ID # 741733	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Craig Van Dam  Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Van Dam Farms	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Craig Van Dam  Lancaster, CA 93536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Van Dam Farms	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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JAN 26 2024 **EN**

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Kathryn Barger for Supervisor 2024			<b>Date of This Filing</b> 01/26/2024	<p style="font-size: 2em; color: blue; margin: 0;">RECEIVED BY</p> <p style="font-size: 1.5em; color: blue; margin: 0;">LOS ANGELES COUNTY</p> <p style="font-size: 1.5em; color: blue; margin: 0;">2024 JAN 29 AM 8:15</p> <p style="font-size: 1.5em; color: blue; margin: 0;">PROPOSITION B UNIT</p>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;">CALIFORNIA FORM 497</p> <p style="font-size: 0.8em; margin: 0;">For Official Use Only</p>
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1456528	<b>Report No.</b> 012624A			
<b>STREET ADDRESS</b>					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017			
			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>		
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01/25/2024	Christopher Smith Wrightwood, CA 92397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist Christopher Smith	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Christopher Smith Wrightwood, CA 92397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapist Christopher Smith	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Ken Maler Construction Inc. Acton, CA 93510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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RECEIVED BY LOS ANGELES COUNTY JAN 26 2024 EM 497 CONTRIBUTION REPORT

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<b>STREET ADDRESS</b> _____			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
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01/25/2024	Vince Loporchi Burbank, CA 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner VHL Plumbing Inc.	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Chris Cortazzo Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Cortazzo Inc.	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
01/25/2024	Ken Schafer Burbank, CA 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Schafer Electric Inc.	1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate

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JAN 26 2024 EM

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LOS ANGELES CO CALIFORNIA  
2024 JAN 29 AM 10:22  
PROPOSITION B UNIT

**497**

FORM

For Official Use Only

NAME OF FILER Kathryn Barger for Supervisor 2024			Date of This Filing <u>01/26/2024</u>
AREA CODE/PHONE NUMBER <u>(213) 452-6565</u>	I.D. NUMBER (if applicable) <u>1456528</u>		Report No. <u>012624A</u>
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
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01/25/2024	Patricia Cortazzo Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
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