

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY FEB 09 2024 *EM*

NAME OF FILER Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		Date of This Filing 2/9/2024	Date Stamp 2024 FEB 12 AM 8:04	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1462438	Report No. 02092024A	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
		<small>(explain below)</small>		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2	

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
02/08/2024	LIT \$1,599,370.41	\$44,879.46
02/08/2024	POS \$1,599,370.41	\$51,635.20

Reason for Amendment: _____

496 Independent Expenditure Report

Page 2 of 2

RECEIVED BY
LOS ANGELES CALIFORNIA
FORM **496**
2024 FEB 12 AM 9:04
For Official Use Only
PROPOSITION B UNIT

NAME OF FILER

Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations

3. Contributions of \$100 or More 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	INTEREST RATES
02/08/2024	Los Angeles County Firefighters Local 1014, IAFF Organized, Ready & Committed In Emergencies El Monte, CA 91731-3002 ID: 1279318	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000. 00	If loan, enter interest rate, if any _____ %

Reason for Amendment: _____

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****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