

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 12 2024  
 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT  
 Date Stamp  
 2024 FEB 12 PM 2: 18  
 PROPOSITION B UNIT  
**CALIFORNIA FORM 497**  
 For Official Use Only

**NAME OF FILER**  
 CITIZENS FOR KATHRYN BARGER FOR SUPERVISOR 2024 OPPOSING CAREER POLITICIANS

AREA CODE/PHONE NUMBER (213) 624-6200 I.D. NUMBER (if applicable) 1466037

STREET ADDRESS

CITY LOS ANGELES STATE CA ZIP CODE 90071

Date of This Filing 02/12/2024

Report No. 02122024

Amendment to Report No. (explain below)

No. of Pages 1

## 1. Contribution(s) 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
02/09/2024	ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022 LOS ANGELES, CA 90071 Committee ID # 1445830	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,975.82  <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
		<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

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