497 Contrib	ution Report	Amoun	ts may be rounded to w	vhole dollars.	LOG RECEIVED BY 4970	ONTRIBUTION REPORT	
NAME OF FILER Kathryn Barger	r for Supervisor 2024		Date of This Filing 03/06/2024		Date StantpES COI CALIFORNIA 107		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No. 030524A		2024 MAR -7 AM 8: 20 For Official Use Only		
(213) 452-6565 1456528					PROPOSITION B UNIT		
STREET ADDRESS			Amendment to Report No. 030524A		OSTITUN B UNIT		
CITY	CITY STATE ZIP CODE		(explain below)				
Los Angeles CA 90017		No. of Pages2					
1. Contributi	ion(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/04/2024	Karen Davis Asher	Karen Davis Asher			Attorney Karen Davis Asher	1,500.00	
	Pasadena, CA 91107			IND COM OTH PTY	Ratell Davis Asile!	☐ Check if Loan	
				□ scc		Provide interest rate	
03/04/2024	Nikola Bubalo Beveriy Hills, 90210			COM SLS	Mining SLSN Inc	1,500.00	
				☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan	
						Provide interest rate	
03/04/2024	Al Asher Sons Inc. Los Angeles, 90032			☐ IND☐ COM☐ OTH☐ PTY		1,500.00	
				□ scc		Provide interest rate	
Reason for Amer	ndment: Contribution	ns amended.			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)	

407 Contribution Bonort

Reason for Amendment: Contributions amended.

497 Contribution Report		Amounts may be rounded to whole dollars.	DEDENIES	497 CONTRIBUTION REPORT	
NAME OF FILER Kathryn Barger for	Supervisor 2024	Timo Timing	S ANGELES COUNTY	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1456528	Keport No.	24 MAR -7 AM 8: 20	For Official Use Only	
STREET ADDRESS		Amendment to Report No. 030524A	OPOSITION B UNIT		
CITY	STATE ZIP CO	DE (explain below)			
Los Angeles	CA 9001	No. of Pages 2			
1. Contribution(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP COL		IF AN INDIVIDUAL, ENTER OCCUPATION AND EM	PLOYER AMOUNT	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/04/2024	Bricklayers and Allied Craftworkers, Local No. 4 PAC La Verne, CA 91750 Committee ID # 1426482	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,000.00
03/04/2024	Southern California District Council of Laborers PAC Long Beach, CA 90802 Committee ID # 1358150	☐ IND☐ COM☐ OTH☐ PTY SCC		1,500.00 Check if Loan ** Provide interest rate
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————

*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