497 Contribution Report Amounts may be rounded to whole dollars. RECE							IVED BY 1 7 2024 497 CONTRIBUTION REPORT	
NAME OF FILER Kathryn Barger for Supervisor 2024				Date of This Filing —	1,05,1	Date Stamp CALIF	CALIFORNIA 497	
AREA CODE/PHONE N	NUMBER	I.D. NUMBER (if applicab	ble)	01		Fr. 10 All 1.30	or Official Use Only	
(213) 452-6565 1456528				Report No. 011724A PROF		POSITION B UNIT		
STREET ADDRESS				☐ Amendmer to Report No.	ent			
CITY		STATE	ZIP CODE	(explain below)				
Los Angeles		CA	90017	No. of Pages	1			
1. Contributi	ion(s) Received		772			IE AN INDIVIDUAL		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
01/16/2024	Kevin Tyson Pasadena, CA 91106				IND COM OTH PTY	Retired N/A	1,500.00	
					SCC		Provide interest rate	
01/16/2024	Kristen Tyson Pasadena, CA 91106				☑ IND ☐ COM ☐ OTH ☐ PTY	Retired N/A	1,500.00	
					scc		Provide interest rate	
01/16/2024	Brian Dror Oxnard, CA 93035				IND COM OTH PTY SCC	CPA Brian Dror CPA Inc.	1,500.00 Check if Loan ** Provide interest rate	
						*Contributor Codes IND – Individual COM – Recipient Committee (c		
Reason for Amer	ndment:					OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm		