

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 19 2024 EM  
 LOS ANGELES COUNTY  
 2024 JAN 22 AM 6:10  
 PROPOSITION B UNIT

<b>NAME OF FILER</b> Working Families and First Responders for Kathryn Barger for Supervisor 2024 Sponsored by Labor Organizations		<b>Date of This Filing</b> 1/19/2024 Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (323) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1462438	<b>Report No.</b> 01192024A	
<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> 1

**1. Contributions 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
01/18/2024	American Federation of State, County & Municipal Employees Local No. 685 Political Action Committee  Vernon, CA 90058-3914 ID: 744558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$75,000.00 <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