

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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<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> 2/10/2024	<b>Report No.</b> 02102024A	<b>Date Stamp</b> 2024 FEB 12 AM 8:00	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1462438	<input type="checkbox"/> <b>Amendment to Report No.</b> <small>(explain below)</small>		<b>PROPOSITION B UNIT</b>	
<b>STREET ADDRESS</b>		<b>No. of Pages</b> 1			
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Kathryn Barger				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> County Supervisor	<b>DISTRICT NO.</b> 5	<b>SUPPORT</b> <input checked="" type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b> <input type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/09/2024	POS \$1,698,944.73	\$55,134.25
02/09/2024	LIT \$1,698,944.73	\$44,440.07

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_