

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER BARBA FOR CITY COUNCIL 2024			Date of This Filing 08/12/2024	Date Stamp E-Filed 08/12/2024 15:31:18 Filing ID: 211914273	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310)817-6679	I.D. NUMBER (if applicable) 1466108		Report No. 81224		
STREET ADDRESS			☐ Amendment to Report No. (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	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
08/12/2024	Samuel Victor Los Angeles, CA 90025	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		 ☐ Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____
