

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Katherman for WRD Board 2024			Date of This Filing 9-19-24	RECEIVED LOS ANGELES 2024 SEP 20 CAMPAIGN FINANCE	497 CONTRIBUTION REPORT CALIFORNIA FORM AFFIDAVIT OF Official Use Only
AREA CODE/PHONE NUMBER 310-383-0451	I.D. NUMBER (if applicable) 1382475		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Rancho Palos Verdes	STATE CA	ZIP CODE 90275	No. of Pages _____		

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
9/18/24	Autumn Burke for Lt. Gov. 2026 Los Angeles, CA 90017 ID# 1436709	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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