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497 Contribution	on Report	Amoun	ts may be rounded to	whole dollars.	RECEIVED BY ANGELES COUNTY 4970	CONTRIBUTION REPOR
NAME OF FILER			Date of	2016 8	D-4- 01	
		ATTORNEY'S FEES FUND	This Filing	04/25/2016	11 1 23 PH 4: 55	ORNIA 497
AREA CODE/PHONE NUMBER (If applicable)				CAM	N.	r Official Use Only
		1383622	Report No.	04252016	'NIGH FINANCE	o Onicial Ose Offity
STREET ADDRESS						
			☐ Amenda			
CITY STATE ZIP CODE			to Report No			
GIAL ZIP CODE						
1. Contribution((s) Received					
DATE RECEIVED	FULL NAM	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) RECEIVED	
04/23/2016 A	RLEEN SEGAL			[FF] 1115	HOMEMAKER	1,500.0
				IND COM		1,555
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04/23/2016 M2	ARK SEGAL			 _		Provide interest rate
	THE SECOND			IND IND	CERTIFIED PUBLIC ACCOUNTANT NIGRO KARLIN SEGAL FELDSTEIN	1,500.0
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04/23/2016 St	STEPHEN R. SILK			CVI IND	COMMERCIAL REAL ESTATE BROKER	1,500.00
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					*Contributor Codes	
					IND – Individual COM – Recipient Committee (oth	er than PTY or SCC)
Saul de A					OTH - Other (e.g., business ent	ity)
Reason for Amendmen	nt:				PTY - Political Party SCC - Small Contributor Committ	

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497 Contribution	1 Report Amounts	may be rounded to	1. (RECEIVED BY 4970	CONTRIBUTION REPOR
NAME OF FILER KATHRYN BARGER FOR S	SUPERVISOR 2016 ATTORNEY'S FEES FUND	Date of This Filling	04/25/2016 20	Date Stamp UUN CALIF	ORNIA 107
AREA CODE/PHONE NUMBER	- Imarining.	710	PAPR 25 PH L: 55		
	1383622	Date of Date Stamp UUN CALIFORM This Filling 04/25/2016 20 6 APR 25 PM 4: 55 For Report No. 04252016 CAMPAIGN FINANCE			or Official Use Only
STREET ADDRESS	Carpialn below) No. of Pages 2		- I MAIGN FINANCE		
CITY					
1. Contribution(s)) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/23/2016 SUS	AN SILK		IND COM OTH PTY SCC	HOMEMAKER	1,500.00
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
			IND COM OTH PTY SCC		Check if Loan ** ** ** ** ** ** ** ** **
Reason for Amendment:			_	*Contributor Codes IND Individual COM Recipient Committee (oth OTH Other (e.g., business enti PTY Political Party SCC Small Contributor Committ	er than PTY or SCC