Page: 001

ID:CAMPAIGN FINANCE

497 Contribution Report

RECEIVED BY Amounts may be rounded to whole dollars OS ANGELES COUNTY

			Amounts ma	y be rounded to v			FF2 000141 :	497 C	ONTRIBUTION REPOR	
NAME OF FILER				Date of	2010	ADD C	Date Stamp			
KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND				This Filing _	ng04/26/2016 APR 2 Pate(Stamp): 4.3			CALIFORNIA 497		
AREA CODE/PHONE NUMBER 1.D. NUMBER (If applicable) 1383622			e)	1	O A	MPAI	MPAIGN FINANCE		For Official Use Only	
				Report No. 04252016B			Carrier Total		-	
STREET ADDRESS				1				1		
				X Amendment to Report No. 04252016B						
CITY		STATE	ZIP CODE	(explain below) No. of Pages	3					
1. Contributi	on(s) Received				- R).		
DATE				TOR	CONTRIBUTOR IF AN INDIVIDUAL,			AMOUNT		
RECEIVED		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			RECEIVED	
04/23/2016	JAMES F. BARGER				IND COM	OWNER PACIFIC	CUSTOM POOLS		1,500.00	
					D OTH				☐ Check if Loan	
04/23/2016					□ scc				Provide Interest rate	
04/23/2016	SHAUNA G. BARGER				IND COM	CHOREOG			1,500.00	
					OTH				☐ Check if Loan	
					□ scc				Provide Interest rate	
04/23/2016	VIRGINIA R. BARGER				™ IND	HOMEMAR	ER		1,500.00	
					COM OTH PTY				☐ Check if Loan	
					scc				Provide Interest rate	
							*Contributor Codes			
Pageon for Agree	denote amentals covers	DUMTON DESERVE					IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party	mittee (othersiness entit	or than PTY or SCC) y)	
veason iol Amen	dment: AMENDING CONTRI	BUITON RECEIVED;	ADDING CONTRIBUTION	S RECEIVED			SCC - Small Contribut	or Committe	e j	

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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ID: CAMPAIGN FINANCE

497 Contribution Report

RECEIVED BY Amounts may be rounded to whole dollars. OS ANGELES COUNTY

- 3	•	Amount	s may be rounded to v	whole dollars - 🔾 🔾	MINGELLO	407.0	ONTEDIO ITION DEDOC	
NAME OF FILER			Date of	001	d ADD Office States 7: 1.3	1	ONTRIBUTION REPORT	
KATHRYN BARGE	R FOR SUPERVISOR 2016	ATTORNEY'S PEES FUND	Date of This Filing _	04/26/2016	APR 20 to \$14 to 7: 43	CALIFO		
AREA CODE/PHONE NUMBER I.D. NUMBER (If applicable)								
			Report No. º	4252016B	MPAIGN FINANCE	PAIGH FINANCE FOR Offi		
STREET ADDRESS		1383622						
			X Amendme					
			to Report No	04252016B				
CITY STATE ZIP CODE			(explain below)					
			No. of Pages	3				
1. Contribut	ion(s) Received							
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E	AMOUNT RECEIVED		
04/23/2016	JAMES F. BARGER, J	R.			ASSOCIATE	SUSINESS)		
				X IND	GENERAL ELECTRIC		1,500.00	
				COM				
				☐ OTH ☐ PTY			☐ Check if Loan	
				SCC				
04/23/2016	DIGUADO D. DOCUMENTO			L 600		İ	Provide interest rate	
04/23/2016	RICHARDS D. BARGER	, JR.		IX IND	CONSULTANT RMIS/CAPITAL MANAGEMENT		1,500.00	
	i			СОМ	INSURANCE CONSULTING SERV	/ICES		
				□ отн			☐ Check if Loan	
				☐ PTY				
				□ scc			"	
04/23/2016	KEVIN CROW				PROJECT MANAGER		Provide Interest rate 1,500.00	
				IND □	PACIFIC CUSTOM POOLS		1,300.00	
				☐ COM	80			
						ń.	☐ Check if Loan	
				scc		- 1		
							Provide Interest rate	
					49			
					*Contributor Codes			
					IND Individual COM Recipient Comr	mittan (ath-	- than DTV CCC	
					OTH - Other (e.g., but	intee (otrie siness entit	/)	
Reason for Amen	dment: AMENDING CONTR	IBUTION RECEIVED; ADDING CONTRIBUT	TIONS RECEIVED	<i>2</i>	PTY - Political Party		[[
					SCC - Small Contributo	or Committe	9	

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497 Contrib	ution Report	Amounts	may be rounded to	whole dollars.	RECEIVED BY S ANGELES COUNT	Y	
NAME OF FILER			Date of			497 0	CONTRIBUTION REPOR
KATHRYN BARGER	FOR SUPERVISOR 2016	ATTORNEY'S FEES FUND	This Filing	04/26/2016	APR Pale State 1: 43		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					AMPAIGN FINANCE	FOI	
		1383622	Report No.	04252016B	AMPAIGNTINATION	For	Official Use Only
STREET ADDRESS CITY		STATE ZIP CODE	X Amendment to Report No. 04252016B (explain below)				
		STATE ZIP CODE	No. of Pages	3			
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAME	BUTOR	CONTRIBUTOR CODE *	JTOR IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
04/23/2016	LOURDES LOPEZ			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ACCOUNTANT/HUMAN RESOURCE PACIFIC CUSTOM POOLS	3S	1,500.00
04/23/2016	NORTHERNCROSS PARTN	RS, LLC					Provide interest rate
			*	☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,500.00
04/23/2016	TAMPO OF VPDTTT						Provide interest rate
	JAMES OLKERIIL			IND COM OTH PTY	PRESIDENT TILT-A-DOOR		1,500.00

Reason for Amendment: AMENDING CONTRIBUTION RECEIVED; ADDING CONTRIBUTIONS RECEIVED

*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

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Provide Interest rate