

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER  
KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND

AREA CODE/PHONE NUMBER (213) 452-6565 I.D. NUMBER (if applicable) 1383622

STREET ADDRESS

CITY STATE ZIP CODE  
Los Angeles CA 90017

Date of This Filing 12/31/2019

Report No. 123119A

Amendment to Report No. (explain below)

No. of Pages 1

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PROPOSITION B UNIT

CALIFORNIA FORM 497  
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## 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
12/30/2019	Mark Brown Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Antelope Valley ER Group	1,500.00 <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

\*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: \_\_\_\_\_