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ID: CAMPAIGN FINANCE

497 Contrib	ution Report	Amoun	ts may be rounded to v	whole dollars.	RECEIVED BY OS ANGELES COUNT 497	
NAME OF FILER			Deta et		1970	CONTRIBUTION REPOR
KATHRYN BARGER	FOR SUPERVISOR 2016		Date of This Filing _	04/25/2016		ORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (# applicable)	Report No. 0		FU	RM TST
STREET ADDRESS		Amendment				
CITY		STATE ZIP CODE	(explain below) No. of Pages			
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/18/2016	KAREN DAVIS			IND COM OTH PTY	ATTORNEY LAW OFFICES OF KAREN A. DAVIS	1,000.00
04/23/2016	HAPPYTREE ENTERTAIN	MENT, INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Provide interest rate 1,000.00 Check if Loan Provide interest rate
04/23/2016	GARY HUNT			IND COM OTH PTY SCC	PARTNER CALIFORNIA STRATEGIES, LLC	1,500.00 Check if Loan ** Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	ity)

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NAME OF FILER					Date Classe	497 CONTRIBUTION REPOR
KATHRYN BARGER FOR SUPERVISOR 2016			Date of This Filing04/25/2016		CA	LIFORNIA 497
AREA CODE/PHONE NUMBER (if applicable)					1 311	
		1376396	Report No.	4252016		For Official Use Only
TREET ADDRESS						
			Amendm to Report No			
CITY		STATE ZIP CODE	(explain below)	,		
			No. of Pages	4		
. Contributio	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	FRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYI (IF SELF-EMPLOYED, ENTER NAME OF BUSING	
04/18/2016	VICTORIA MCCLUGGAGE	3		⊠ IND	FARMER VICTORIA MCCLUGGAGE	1,000.0
				COM OTH PTY SCC		☐ Check if Loan
04/23/2016	PRIME HEALTHCARE SE	ERVICES INC				Provide Interest rate
				☐ IND☐ COM☐ STH		1,500.0
	=			☐ PTY ☐ SCC		%
04/23/2016	STEPHEN R. SILK				COMMERCIAL REAL ESTATE BROKE	Provide Interest rate R 1,500.0
	5			IND ☐ COM	EASTDIL SECURED	1,300.0
				OTH		☐ Check if Loan
				scc		Provide interest rate
					*Contributor Codes	
Reason for Amendr	ment:				IND – Individual COM – Recipient Committe OTH – Other (e.g., busines PTY – Political Party SCC – Small Contributor Co	s entity)

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497 Contribution Repor	rt Amour	its may be rounded to whole dollars.		497 CONTRIBUTION REPORT		
NAME OF FILER		Date of	Date Stamp			
KATHRYN BARGER FOR SUPERVISOR 2016		This Filing04/25/2016	Date Gamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER	I.D. NUMBER (# applicable)					
	1376396	Report No. 04252016		For Official Use Only		
STREET ADDRESS						
		Amendment to Report No.				
CITY	STATE ZIP CODE	(explain below)				
		No. of Pages4				

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
04/23/2016	SUSAN R. SILK	IND ☐ COM ☐ OTH	HOMEMAKER	1,500.00
04/18/2016	TACTED CONTROL OF THE PROPERTY	☐ PTY ☐ SCC		Provide interest rate
	WASTE CONNECTIONS. INC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00 Check if Loan Provide interest rate
04/18/2016	ANDREW C. WILLIAMS	IND COM OTH PTY SCC	CHIEF INVESTMENT OFFICER CORNERSTONE REAL ESTATE	1,500.00 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

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NAME OF FILER		Date of		Date Stamp		ONTRIBUTION REPOR	
KATHRYN BARGER FOR SUPERVISOR 2016		This Filing	04/25/2016		CALIFO		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)						For Official Use Only	
TOTAL ADDOCTOR	1376396	Report No.	04252016			omoral odd omy	
CITY STATE ZIP CODE		Amendment to Report No. (explain below) No. of Pages 4					
1. Contribution(s	s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND I (IF SELF-EMPLOYED, ENTER NAME	EMPLOYER	AMOUNT RECEIVED	
04/18/2016 MA	RLEY A. WILLIAMS		IND COM OTH PTY	HOMEMAKER		1,500.0	
			IND COM OTH PTY			Provide Interest rate	
			scc			Provide interest rate	
	a.		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan	
Reason for Amendmen	t:			*Contributor Codes IND – Individual COM – Recipient C OTH – Other (e.g., PTY – Political Party SCC – Small Contril	ommittee (othe business enti	er than PTY or SCC) ty)	

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