ID:CAMPAIGN FINANCE

497 Contribution Bonort

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	Report	Amount	s may be rounded to v	vhole dollars.	US ANGELES COUR		NTRIBUTION REPORT
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KATHRYN BARGER FOR			This Filing _	05/24/2016	TOTAL CO MIT I	FOR	
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STREET ADDRESS							
CITY		STATE ZIP CODE	(explain below)  No. of Pages	9			
1. Contribution(s	) Received						
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
04/26/2016		A CALIFORNIA LIMITED PARTNERS	HIP	☐ IND			1,500.00
				СОМ			
				X OTH			☐ Check if Loan
				☐ PTY ☐ SCC			Na Na
							Provide Interest rate
04/26/2016 S.	PAUL BRUGUERA			X IND	ATTORNEY S. PAUL BRUGUERA		1,000.00
				СОМ		Ì	
				OTH			☐ Check if Loan
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04/26/2016 STA	N CHANG	*					Provide interest rate
04/20/2010 SIR	IN CHANG			IND IND	RETIRED	ĺ	1,000.00
				СОМ			
				☐ OTH		ĺ	☐ Check if Loan
				scc			Provide Interest rate
					*Contributor Codes		
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	23				COM - Recipient Con		
Reason for Amendment:	AMENDING CONTRI	BUTION RECEIVED			OTH - Other (e.g., b PTY - Political Party		
· · · · · · · · · · · · · · · · · · ·					SCC - Small Contribu	tor Committe	e J

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From:

NAME OF FILER						CONTRIBUTION REPORT
KATHRYN BARGER	FOR SUPERVISOR 2016		Date of This Filing	05/24/2016		FORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)				
		1376396	Report No. 0	4272016		or Official Use Only
STREET ADDRESS						
XITY		STATE ZIP CODE	(explain below)			
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I. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME	STREET ADDRESS AND ZIP CODE OF CONT (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
04/26/2016	SHAWN C. CHOU			IND COM OTH PTY SCC	ATTORNEY VIDA LAW GROUP, APC	1,000.0
04/26/2016	DANIEL DENG			IND COM OTH PTY	ATTORNEY LAW OFFICES OF DANIEL H. DENG	1,000.0
04/26/2016	E-W SERVICES, INC.			☐ IND ☐ COM ☑ OTH ☐ PTY		Provide interest rate 1,000.0
				□ scc		Provide interest rate
leason for Amend	dment; <u>AMENDING CONTRI</u>	BUTION RECEIVED			*Contributor Codes IND – Individual COM – Recipient Committee (c OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)

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497 Contribu	ution Report	Amounts	s may be rounded to w	rhole dollars.		
NAME OF FILER			Date of		Data Ctama	97 CONTRIBUTION REPOR
	FOR SUPERVISOR 2016		This Filing _	05/24/2016		FORM 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (If applicable) 1376396	Report No. 0	1272016		For Official Use Only
STREET ADDRESS			☑ Amendme			
CITY		STATE ZIP CODE	(explain below)  No. of Pages			
1. Contribution	on(s) Received		•			
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	AMOUNT RECEIVED
04/26/2016	GREEN CITY GROUP, L	LC		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.0
04/26/2016	GREEN CITY GROUP, L	I.C				Provide interest rate
				☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Check if Loan
04/26/2016	WENDY HSU			IND COM OTH PTY SCC	HOMEMAKER	1,000.00
Reason for Amene	dment: AMENDING CONTRI	BUTION RECEIVED		atte	*Contributor Codes  IND – Individual  COM – Reciplent Committee  OTH – Other (e.g., business  PTY – Political Party  SCC – Small Contributor Com	entity)

NAME OF FILER			ts may be rounded to v	Thore dollars.		497 0	ONTRIBUTION REPOI	
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	FOR SUPERVISOR 2016		This Filing _	05/24/2016		FO	/ 1 54 /	
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1. Contribution	on(s) Received				<u> </u>	.1		
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
04/26/2016	I/O CONTROLS CORPO	PRATION					1,000.0	
				☐ IND ☐ COM ☐ OTH ☐ PTY			☐ Check if Loan	
				□ scc			Provide interest rate	
04/26/2016	STANLEY JEONG			IND COM OTH PTY SCC	MANAGER WINSTON TOY CORP.		1,000.0	
04/26/2016	JOSEPH JOU				PRESIDENT		Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC	LKJ GROUP		1,000.0	
				L			Provide interest rate	
Reason for Ameno	dment: AMENDING CONTR	RIBUTION RECEIVED			*Contributor Codes IND - Individual COM - Recipient Con OTH - Other (e.g., bi PTY - Political Party SCC - Small Contribu	usiness enti	ty)	

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NAME OF FILER			Date of		Date Stamp		TRIBUTION REPO
KATHRYN BARGER	FOR SUPERVISOR 2016		This Filing05/24/2016		Date Starrip	CALIFOR	
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1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS		AMOUNT RECEIVED
04/26/2016	KCAL INSURANCE AGEN	ICY		☐ IND			1,000.0
				Сом			
				I OTH			Check if Loan
				☐ PTY		-	-
				□ scc		P	rovide interest rate
04/26/2016	CHIEN KUO LIU			X IND	OWNER ESENSE BEAUTY, INC.		1,000.0
				СОМ	ESENSE BEAUTI, INC.		
				□ отн			Check if Loan
				□ PTY		1	
04/26/2016				□ scc		P	rovide interest rate
0-1/20/2010	CALVIN LO			X IND	REALTOR BERKSHIRE HATHAWAY		1,000.0
	<u> </u>			СОМ		1	
				□ отн			Check if Loan
				☐ PTY ☐ SCC			
				□ scc		Pi	rovide interest rate
					*Contributor Codes		·
					IND – Individual COM – Recipient Commi	itee (other th	an PTY or SCC\
					OTH - Other (e.g., busin	ness entity)	(1 01 000)
reason for Amen	ment: AMENDING CONTR	IBUTION RECEIVED			PTY – Political Party  SCC – Small Contributor		

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KATHRYN BARGE	R FOR SUPERVISOR 2016		Date of This Filing	05/24/2016	Date Stamp	CALIF		197
AREA CODE/PHONE		I.D. NUMBER (if applicable)	Report No. 04			FO	Official Use C	
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1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAM	AE, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOI RECEI	
04/26/2016	CLAUDIA MARGOLIS			☑ IND	PARTNER LOCKTON INSURANCE		1	1,000.00
							☐ Check i	f Loan
04/26/2016	PACFED INSURANCE S	ERVICES. INC.					Provide inte	
			٨.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check in	%
04/26/2016	PACIFIC SUMMIT PRO	PERTIES, LLC		☐ IND ☐ COM ☑ OTH ☐ PTY				,500.00
				scc			Provide inte	%

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OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

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497	Contribution	Report
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Amounts may be rounded to whole dollars.

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NAME OF FILER				
KATHRYN BARGER FOR SUPERVISOR 2016		Date of This Filing 05/24/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376396	Report No. 04272016		For Official Use Only
STREET ADDRESS  CITY	STATE ZIP CODE	X Amendment to Report No. 04272016 (explain below) No. of Pages 9		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/26/2016	SKY VISION INSURANCE AGENCY	☐ IND		1,500.0
		СОМ		
		I OTH		☐ Check if Loan
		□ PTY		G. G. GOOK II EGGIT
		□ scc		Provide Interest rate
04/26/2016	POYU SU	X IND	REAL ESTATE DEVELOPER	1,500.00
		COM	SPRING ARTS TOWER	
		ОТН		☐ Check if Loan
		☐ PTY		_ Ontook ii zouii
		□ scc		Provide interest rate
04/26/2016	TEAMSTERS LOCAL UNION NO. 396			1,000.00
	i	COM		
		☑ OTH		☐ Check if Loan
		☐ PTY		CHeck it Fogu
		□ scc		%
			L	Provide interest rate

Reason for Amendment: AMENDING CONTRIBUTION 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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NAME OF FILER			D-4= 4		Date Stamp	497 CONTRIBUTION REPOR
KATHRYN BARGER FO	R SUPERVISOR 2016		Date of This Filing	05/24/2016	CA	ALIFORNIA 497
AREA CODE/PHONE NUM	BER	I.D. NUMBER (if applicable)				For Official Use Only
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STREET ADDRESS			X Amendment to Report No. 04272016			
CITY		STATE ZIP CODE	(explain below)  No. of Pages	9		
1. Contribution	(s) Received					
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04/26/2016	PHILLIP THONG			IND □ COM	CERTIFIED PUBLIC ACCOUNTANT THONG, YU, WONG & LEE, LLP	1,000.00
				☐ OTH ☐ PTY ☐ SCC		☐ Check If Loan
04/26/2016 A	ALICE WANG					Provide Interest rate
:	mid mad			IND ☐ COM	HOMEMAKER	1,500.00
×				☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
04/26/2016 G	ARY L. WOODS					Provide interest rate
				IND □ COM	PROFESSOR PASADENA CITY COLLEGE	1,000.00
				☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
						Provide interest rate
					*Contributor Codes	
		IBUTION RECEIVED			IND – Individual COM – Recipient Committe OTH – Other (e.g., busines PTY – Political Party	e (other than PTY or SCC) as entity)

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ID: CAMPAIGN FINANCE

NAME OF FILER					Dota Starra	49/C	ONTRIBUTION REPOR
KATHRYN BARGER	FOR SUPERVISOR 2016		Date of This Filing _	05/24/2016	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE N		I.D. NUMBER (if applicable)			6	FOR	CIVI
		1376396	Report No. 04	1272016		For	Official Use Only
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I. Contributio	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 EMP (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED
04/26/2016	HOMER SHIH-HUNG YEN	4		X IND	CHIEF EXECUTIVE OFFICER		1,000.0
				COM	FIRST PACIFIC HOMES		
				□ отн			☐ Check if Loan
				☐ PTY			
				□ scc			Provide interest rate
04/26/2016	LU YUAN			X IND	PROPERTY MANAGER		1,000.0
				СОМ	20 TONY		
				□ отн	020		Check if Loan
	W			☐ PTY ☐ SCC			
							Provide interest rate
				☐ IND			
				СОМ			
				ОТН			☐ Check if Loan
				☐ PTY ☐ SCC			
					ļ		Provide Interest rate
					*Contributor Codes		
					IND-Individual		
					COM - Recipient Com	mittee (oth	er than PTY or SCC)
Reason for Amend	ment AMENDING CONTR	IBUTION RECEIVED			OTH - Other (e.g., bu PTY - Political Party	isiness enti	(y)
				·	SCC - Small Contribute	or Committe	ne

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