

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

LOS ANGELES COUNTY

2016 AUG 11 PM 5:28

CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER
KATHRYN BARGER FOR SUPERVISOR 2016

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1376396

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 08/11/2016

Report No. 08112016

Amendment to Report No. _____
(explain below)

No. of Pages 2

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
08/10/2016	BRAD BOECKMANN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT GALPIN MOTORS, INC.	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/10/2016	CALIFORNIA TEAMSTERS PUBLIC AFFAIRS COUNCIL, PUBLIC AFFAIRS FUND Committee ID # 742500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/10/2016	D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS) Committee ID # 880969	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2016 AUG 11 PM 5:28
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**
For Official Use Only

NAME OF FILER
KATHRYN BARGER FOR SUPERVISOR 2016

AREA CODE/PHONE NUMBER **I.D. NUMBER (if applicable)**
1376396

STREET ADDRESS

CITY **STATE** **ZIP CODE**

Date of This Filing 08/11/2016

Report No. 08112016

Amendment to Report No. _____
(explain below)

No. of Pages 2

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
08/10/2016	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 11 POLITICAL ACTION COMMITTEE Committee ID # 822725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/10/2016	OPERATING ENGINEERS LOCAL UNION NO. 12 POLITICAL FUND Committee ID # 743030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		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

*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: _____
