

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

Date Stamp
2016 AUG 31 AM 9:00

CAMPAIGN FINANCE

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 08/30/2016

Report No. 08302016

Amendment to Report No. _____
(explain below)

No. of Pages 1

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
08/29/2016	JEFFREY ABRAMS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER BAD ROBOT PRODUCTIONS	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/29/2016	KATHLEEN MCGRATH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF EXECUTIVE OFFICER BAD ROBOT PRODUCTIONS	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: _____

08/30/2016 16:40 #645 P.001/001 From:

R=93% Page: 001 ID: CAMPAIGN FINANCE AUG-30-2016 04:33PM From: