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497 Contribution Report

Amounts may be rounded to whole dollars.

		-		497 CONTRIBUTION REPORT
NAME OF FILER		Date of	SULP DEFENSION HILL:	CALIFORNIA AOT
KATHRYN BARGER FOR SUPERVISO	R 2016	This Filing09/19/2016	2010 011.	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 09192016B	CAMPAIGN FINA	
STREET ADDRESS	2270250			
CITY	STATE ZIP CODE	to Report No		
		No. of Pages5		

1. Contribution(s) Received

Reason for Amendment: _

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2016	DIANE ARKLIN		HOMEMAKER	1,500.00 Check if Loan Provide interest rate
09/18/2016	HENRY ARKLIN	IND COM OTH PTY SCC	OWNER NORTH VALLEY CONSTRUCTION CO., LLC	1,500.00
09/18/2016	HENRY ARKLIN	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER NORTH VALLEY CONSTRUCTION CO., LLC	1,500.00 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

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497 Contrib	oution Report	Amounts	s may be rounded to v	whole dollars.		
NAME OF FILER			Date of	***************************************	Date Office	CONTRIBUTION REPOR
	R FOR SUPERVISOR 2016			09/19/2016		ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376396			Report No. 09192016B			r Official Use Only
STREET ADDRESS			Amendme	ent)		
CITY		STATE ZIP CODE	(explain below) No. of Pages	55		
1. Contributi	ion(s) Received					
DATE RECEIVED		E, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/18/2016	STEPHEN H. ARKLIN			IND COM	REAL ESTATE INVESTOR RANCHO DELUXE	1,500.0
				OTH PTY SCC		Check if Loan
09/18/2016	JAMES S. BACKER				CURRE	Provide interest rate
				⊠ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER JSB DEVELOPMENT, INC.	1,000.0
09/18/2016	DANIEL G. BLUMEL			IND □ COM	OWNER FOUR SEASONS LANDSCAPE AND PROPERTY SERVICES	1,500.00
				OTH		Check if Loan
				scc		Provide interest rate
Reason for Amend	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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I.D. NUMBER (if applicable) 1376396 STATE ZIP CODE	Report No. Amendratio Report No. (explain below)	09192016B	FO	PRM 49/
1376396 STATE ZIP CODE	Amendr to Report N (explain below)	nent		
	to Report N (explain below)			
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eceived			·	
(IF COMMITTEE, ALSO ENTER LD. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
RNIA HOSPITAL ASSOCIATION PAC		☐ IND		1,000.00
tee ID # 790773		COM OTH PTY RCC		Check if Loan
				Provide interest rate
GRENINGER		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REAL ESTATE AGENT SERENO GROUP	1,500.00
JSSELL NORDAHL, JR.		בא ואום	OWNER	Provide interest rate 1,000.00
		COM OTH PTY SCC	NORDARL CAPITAL	Check if Loan Check if Loan Provide interest rate
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (FCCMMITTE, ALSO ENTERLD, NUMBER) RNIA HOSPITAL ASSOCIATION PAC tee ID # 790773 GRENINGER JSSELL NORDAHL, JR.	RNIA HOSPITAL ASSOCIATION PAC tee ID # 790773 GRENINGER	RNIA HOSPITAL ASSOCIATION PAC Lee ID # 790773 Lee ID # 790773 SCC GRENINGER X IND COM OTH PTY SCC OTH PTY SCC JSSELL NORDAHL, JR. X IND COM OTH PTY TO SCC	CODE * CODE TENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER NAME OF BUSINESS) RNIA HOSPITAL ASSOCIATION PAC IND OTH PTY SCC GRENINGER IND OTH PTY SCC JSSELL NORDAHL, JR. IND OWNER NORDAHL CAPITAL OWNER NORDAHL CAPITAL

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NAME OF FILER	FOR SUPERVISOR 2016		Date of		Date Stamp C	497 CONTRIBUTION REPORT
AREA CODE/PHONE!		I.D. NUMBER (if applicable)	This Filing09/19/2016			FORM 49/
			Report No.	09192016B		For Official Use Only
TREET ADDRESS		1376396				
			Amendm	ent		
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I. Contributi	on(s) Received					
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONT (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	(RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUSI	YER AMOUNT NESS) RECEIVED
09/18/2016	ROBERT OUZOUNIAN			X IND	RETIRED	1,000.00
				СОМ		
				□ отн		Check if Loan
				PTY		
22/22/22/2				scc		Provide interest rate
09/18/2016	ROSEMARY OUZOUNIAN			X IND	RETIRED	1,000.00
				СОМ		
				OTH		☐ Check if Loan
				☐ PTY ☐ SCC		
09/18/2016	SARAH BETH STONEROC	v	······································			Provide interest rate
· ·	Jan Jan Jan Broken	••		IND IND	HOMEMAKER	1,500.00
				СОМ		
				OTH PTY		☐ Check if Loan
				scc		
						Provide interest rate
					*Contributor Codes	
					IND – Individual	
					COM Recipient Committ OTH Other (e.g., busine	tee (other than PTY or SCC)
					PTY Political Party	ess entity)

Reason for Amendment: _

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NAME OF FILER			Date of		Date Stamp	* destroy to the	ONTRIBUTION REPOR	
KATHRYN BARGER FOR SUPERVISOR 2016			This Filing09/19/2016 Report No. 09192016B Amendment to Report No			FOI	ORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1.3.76396					r Official Use Only			
STREET ADDRESS								
CITY		STATE ZIP CODE	(explain below)	es5				
I. Contributio	on(s) Received							
DATE RECEIVED	FULL N	AME, STREET ADDRESS AND ZIP CODE OF CONT (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED	
09/18/2016	THE CONSERVATION	STATION		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,500.0	
09/18/2016	LANCE K. WILLIAM	S		IND COM OTH PTY SCC	HOME BUILDER WILLIAMS HOMES, INC.		1,500.00	
09/18/2016	SADIE WILLIAMS			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INTERIOR DESIGNER WILLIAMS HOMES, INC.		1,500.00	

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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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ID: CAMPAIGN FINANCE

497 Contributio	on Report	A	mounts may be rounded to w	rhole dollars.	RECEIVED BY	ONTRIBUTION REPORT
NAME OF FILER	to we to the same		Date of		Date Stamp CALIFO	
KATHRYN BARGER FOR	R SUPERVISOR 2016	W. Daniel Co., Co. Co.		09/19/2016	2016 SEP 20 AM FOR	
AREA CODE/PHONE NUMBER 1.D. NUMBER (# applicab) 1376396		I.D. NUMBER (if applicable)	Report No. 09192016		WHB OCI CO DIT	Official Use Only
STREET ADDRESS		1370330	Amendme to Report No	ent •	CAMPAIGN	
СПҮ		STATE ZIP CODE	(explain below)	1		
1. Contribution(s) Received					
DATE RECEIVED	FULL NAME,	STREET ADDRESS AND ZIP CODE O (IF COMMITTEE, ALSO ENTER LD. NUMBER		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/16/2016	NGRID FLINTOFT			IND COM OTH PTY SCC	COMPUTER LAB MANAGER LOS ANGELES UNIFIED SCHOOL DISTRICT	1,500.0
				IND COM OTH PTY SCC		☐ Check If Loan ———————————————————————————————————
				IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amendme	ent:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Commit	ity)