496 24-HOUR INDEPENDENT EXPENDITURE REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY
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CAMPAIGN FINANCE

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM **496**

For Official Use Only

NAME OF FILER
L.A. COUNTY FIREFIGHTERS LOCAL 1014, IAFF ORGANIZED, READY & COMMITTED IN EMERGENCIES

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable) 1279318

STREET ADDRESS

CITY STATE ZIP CODE

Date of This Filing 10/14/2016

Report No. 04-2016

☐ Amendment to Report No. _____ (explain below)

No. of Pages 7

Date Stamp

PAGE 1 OF 7

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED		
KATHRYN BARGER		
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE
Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/12/2016	RADIO AD	1085.71
10/13/2016	RADIO AD	1085.71
10/14/2016	RADIO AD	1085.71
10/15/2016	RADIO AD	1085.71

Reason for Amendment: _____

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KATHRYN BARGER						
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X					

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/16/2016	RADIO AD	1085.71
10/17/2016	RADIO AD	1085.71
10/18/2016	RADIO AD	1085.71
10/19/2016	RADIO AD	1085.71

Reason for Amendment: _____

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KATHRYN BARGER		
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Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/2016	RADIO AD	1085.71
10/21/2016	RADIO AD	1085.71
10/22/2016	RADIO AD	1085.71
10/23/2016	RADIO AD	1085.71

Reason for Amendment: _____

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Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/2016	RADIO AD	1085.71
10/25/2016	RADIO AD	1085.71
10/26/2016	RADIO AD	1085.71
10/27/2016	RADIO AD	1085.71

Reason for Amendment: _____

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Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X	

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/2016	RADIO AD	1085.71
10/29/2016	RADIO AD	1085.71
10/30/2016	RADIO AD	1085.71
10/31/2016	RADIO AD	1085.71

Reason for Amendment: _____

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Office Sought: Other: LOS ANGELES COUNTY BOARD OF SUPERVISORS	X					

2. Independent Expenditures Made

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/1/2016	RADIO AD	1085.71
11/2/2016	RADIO AD	1085.71
11/3/2016	RADIO AD	1085.71
11/4/2016	RADIO AD	1085.71

Reason for Amendment: _____

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
11/5/2016	RADIO AD	1085.71
11/6/2016	RADIO AD	1085.71
11/7/2016	RADIO AD	1085.71
11/8/2016	RADIO AD	1085.83

Reason for Amendment: _____