

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER First Responders Supporting Barger for Supervisor 2016 sponsored by firefighters, deputy sheriffs, district attorney investigators, and <hr/> AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ 1385362 <hr/> STREET ADDRESS _____ <hr/> CITY _____ STATE _____ ZIP CODE _____		Date of This Filing <u>10/07/2016</u> Report No. <u>19405</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>2</u>	Date Stamp _____	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 496 </div> For Official Use Only
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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Kathryn Barger <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">OFFICE SOUGHT OR HELD</td> <td style="width:10%;">DISTRICT NO.</td> <td style="width:15%;">SUPPORT</td> <td style="width:15%;">OPPOSE</td> </tr> <tr> <td>County Supervisor: Los Angeles County District 5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>				OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	County Supervisor: Los Angeles County District 5	5	X		NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">BALLOT NO /LETTER</td> <td style="width:30%;">JURISDICTION</td> <td style="width:15%;">SUPPORT</td> <td style="width:15%;">OPPOSE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				BALLOT NO /LETTER	JURISDICTION	SUPPORT	OPPOSE				
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE																				
County Supervisor: Los Angeles County District 5	5	X																					
BALLOT NO /LETTER	JURISDICTION	SUPPORT	OPPOSE																				

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/06/2016	Mailer Cumulative to date total \$1111564.85	95,119.42
10/06/2016	Consulting Cumulative to date total \$1111564.85	5,000.00
10/06/2016	Polling & Research Cumulative to date total \$1111564.85	71,940.67

Reason for Amendment: _____

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CALIFORNIA
FORM **496**

NAME OF FILER
First Responders Supporting Barger for Supervisor 2016 sponsored by firefighters, deputy sheriffs, district attorney investigators, and employee organizations

I.D. NUMBER (If applicable)

1385362

3. Contributions of \$100 or More 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	INTEREST RATES
09/27/2016	Los Angeles County Federation of Labor AFL-CIO Council on Political Education Committee ID# 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		37,500.00	If loan, enter interest rate, if any _____%
09/30/2016	American Federation of State, County and Municipal Employees, AFL-CIO (MPO) 1 Committee ID# 745604	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00	If loan, enter interest rate, if any _____%
10/04/2016	American Federation of State County and Municipal Employees Local 3299 PAC Committee ID# 1312649	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee