Pase:001

ID:CAMPAIGN FINANCE

191 COURIDO	tion Report Amo	unts may be rounded to w			97 CONTRIBUTION REPOR	
NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376396		Date of This Filing Report No. 10	10/25/2016 C A	ADALON FINIANCE	FORM 497	
CITY	STATE ZIP CODE	to Report No. (explain below) No. of Pages		·		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF C	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	R AMOUNT RECEIVED	
10/24/2016	ALONDRA GOLF COURSE. INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,000.	
10/24/2016	ANN AVRASHOW		IND COM OTH PTY SCC	TECHNOLOGY ADMINISTRATOR BURBANK WATER AND POWER	Check if Loan	
10/24/2016	ANN AVRASHOW		IND COM OTH PTY	TECHNOLOGY ADMINISTRATOR BURBANK WATER AND POWER	1,500.0	

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Pase:002

NAME OF FILER		Date of	10/05/0016	I Section 1	CALIFORNIA 497	
KATHRYN BARGER FOR S		This Filing	10/25/2016			
TREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) 1.376396 STREET ADDRESS CITY STATE ZIP CODE		Report No. 10252016 Amendment to Report No.		Fo	For Official Use Only	
		(explain below) No. of Pages	7			
1. Contribution(s)) Received				·	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CO	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/24/2016 DAV	ID BLOOM		IND COM	MEDIA CONSULTANT LAYRD CONSULTING, INC.	1,000.0	
10/24/2016 DAN	HEL P. COLLINS		IND COM	ATTORNEY MUNGER, TOLLES & OLSON LLP	1,500.0	
10/24/2016 SHA	ARON LYNN CRAIL		IND COM OTH PTY SCC	HOMEMAKER	1,500.0 Check if Loan Rrovide interest rate	
Reason for Amendmen				*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)	

Pase: 003

ID: CAMPAIGN FINANCE

497 Contribu	ution Report Amounts r	may be rounded to w	hole dollars.	49	7 CONTRIBUTION REPORT	
NAME OF FILER KATHRYN BARGER AREA CODE/PHONE N STREET ADDRESS	FOR SUPERVISOR 2016 NUMBER I.D. NUMBER (if applicable) 1376396	Date of This Filing 10/25/2016 Report No. 10252016 Amendment to Report No. (explain below) No. of Pages 7		Date Stamp CALI F	CALIFORNIA 497 FORM For Official Use Only	
CITY	STATE ZIP CODE			·	·	
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		
10/24/2016	DAVID HASSON LAND CONSULTING, LLC		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	
10/24/2016	DAVID HASSON LAND CONSULTING, LLC		☐ IND ☐ COM 図 OTH ☐ PTY ☐ SCC		Check if Loan Check if Loan Provide Interest rate	
10/24/2016	FORESTAR		☐ IND ☐ COM 函 OTH ☐ PTY ☐ SCC		1,500.00 Check If Loan ** Provide interest rate	
Reason for Amen	ndment:			*Contributor Codes IND Individual COM Recipient Committee (OTH Other (e.g., business PTY Political Party SCC Small Contributor Committee (entity)	

ID: CAMPAIGN FINANCE

NAME OF FILER		· · · · · · · · · · · · · · · · · · ·	Date of		Date Stamp CALIF	ORNIA 107	
KATHRYN BARGER FOR SI	TPERVISOR 2016		This Filing			FORM 49/	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1.376396			Report No. 10252016		Fo	r Official Use Only	
STREET ADDRESS .		Amendment to Report No. (explain below) No. of Pages 7					
CITY STATE ZIP CODE							
1. Contribution(s)	Received						
DATE RECEIVED	FULL NAME, STREET A	ODRESS AND ZIP CODE OF COM	ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/24/2016 RICH	10/24/2016 RICHARD A. GADBOIS, III		.	IND □ COM	SENIOR ADVISOR OARMONT CORPORATION	1,500.0	
				OTH PTY SCC		☐ Check if Loan	
						Provide interest rate	
10/24/2016 RICE	ARD HIRSH			IND COM	PRESIDENT JOHN PAUL RICHARD	1,500.0 Check if Loan Provide Interest rate	
10/24/2016 RICE	IARD HIRSH			▼ IND	PRESIDENT JOHN PAUL RICHARD	1,500.0	
	•			OTH PTY SCC		Check if Loan	
					*Contributor Codes INDIndividual COM Recipient Committee (of	Provide interest rate	

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name of filer Kathryn barger for	SUPERVISOR 2016		Date of This Filing 10/25/2016			CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376396		Report No. 10252016 Amendment to Report No		Fo	r Official Use Only		
TREET ADDRESS							
CITY	TY STATE ZIP CODE		(explain below) No. of Pages7		·		
1. Contribution(s) Received				-		
DATE RECEIVED	FULL NAME, S	STREET ADDRESS AND ZIP CODE OF COM (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/24/2016 RE	EBECCA NIEMANN			IND ☐ COM ☐ OTH ☐ PTY	HOMEMAKER	1,500.0	
				scc		Provide interest rate	
10/24/2016 RF	ENEWABLE FUNDING LLC	•		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan	
10/24/2016 RE	ESIDENCE MUTUAL INSU	JRANCE COMPANY		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.0	
Reason for Amendme	int:				*Contributor Codes iND –Individual COM – Recipient Committee (ot OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi	tity)	

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	 					CONTRIBUTION REPORT	
NAME OF FILER			Date of This Filing _	10/25/2016		CALIFORNIA 497	
	FOR SUPERVISOR 2016	LO MINORD OF THE PARTY OF THE P	inis riling _	10/23/2016		RM TO	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376396		Report No. 10252016 Amendment to Report No.		Fo	For Official Use Only		
STREET ADDRESS							
CITY		STATE ZIP CODE	(explain below) No. of Pages	7			
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LO. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/24/2016	SONY PICTURES ENTE	RTAINMENT		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	·	1,000.00	
10/24/2016	JULIA A. STEWART			IND COM OTH PTY SCC	CHIEF EXECUTIVE OFFICER DINE EQUITY, INC.	1,500.00	
10/24/2016	BEEGIE TRUESDALE			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONSULTANT CARRICK CONSULTING	1,500.00	
Reason for Amend	ment:	·			*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	rtity)	

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497 Contribu	ıtion Report	Amounts	s may be rounded to w	hole dollars.		ONTRIBUTION REPORT	
NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376396 STREET ADDRESS		This Filing 10/25/2016 Report No. 10252016		FO	ORNIA 497 RM 497 Official Use Only		
CITY	CITY STATE ZIP CODE		(explain below) No. of Pages7				
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LO. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/24/2016	.0/24/2016 JAMES R. UKROPINA			IND COM	ATTORNEY O'MELVENY & MYERS	1,000.00 Check if Loan Provide interest rate	
				IND COM OTH PTY SCC		Check if Loan % Provide interest rate	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————	
Reason for Amer	idment:	·			*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business ei PTY – Political Party SCC – Small Contributor Comm	ntity)	