Page: 001

- ACIVED DV

497 Contribution Report	Amoun	Amounts may be rounded to whole dollars.							
NAME OF FILER KATHRYN BARGER FOR SUPERVISOR	2016	Date of This Filling 11/02/2016 CALIFORNIA 497 CONTRIBUTION REPOR							
AREA CODE/PHONE NUMBER	t.D. NUMBER (if applicable) 1376396	Report No. 11022016 CAMPAIGN FINANCE FORM For Official Use Only							
STREET ADDRESS		Amendment to Report No.							
YTK	STATE ZIP CODE	(explain below) No. of Pages2	Control of the Contro						
I. Contribution(s) Receive	d	·	t						

IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 11/01/2016 EL MONTE SUPERSTORE INC. 1,500.00 IND COM X OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate 11/01/2016 JERRY KOHL CHIEF EXECUTIVE OFFICER 1,500.00 X IND BRIGHTON COLLECTIBLES, LLC ☐ COM □ отн ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate 11/01/2016 MARY BETH LORENZINI ACCOUNTANT 1,500.00 X IND KMB MANAGEMENT ☐ COM OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate

Reason for Amendment:

*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

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

ID:CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM

Date Stamp

497 Contribution Report

KATHRYN BARGER FOR SUPERVISOR 2016

NAME OF FILER

0
2
٠.
æ
_
9
_
0
2
-
2
0
_
-

AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1376396		Report No. 11022016			For	For Official Use Only	
STREET ADDRESS				Amendment to Report No.					
CITY		STATE	ZIP CODE 90071	(explain below) No. of Pages	2				
1. Contribution	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
11/01/2016	FRANK MCCOURT				IND COM OTH PTY SCC	CHAIRMAN/CEO MCCOURT GLOBAL		1,000.00 Check if Loan Provide interest rate	
11/01/2016	RELATED COMPANIES O		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			1,000.00 Check if Loan ** Provide interest rate			
11/01/2016	TRAN'S GROUP DBA SA	N GABRIEL SUPERST	ORE		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			1,500.00	
Reason for Amend	dment:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness ent	ity)	

Amounts may be rounded to whole dollars.

Date of