

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Kathryn Barger for Supervisor 2020			Date of This Filing 02/21/2020	2020 FEB 21 PM 5:27 Date Stamp PROPOSITION B UNIT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1414462		Report No. 022120A	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1	

1. Contribution(s) 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
02/20/2020	Leighton and Associates Inc Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
02/20/2020	Timothy J Sloan San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
02/20/2020	Ward Corporation Santa Paula, CA 93060	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% 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