

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	07/01/2024
through	11/18/2024

Date of election if applicable: (Month, Day, Year)	

Date Stamp	CALIFORNIA FORM
RECEIVED LOS ANGELES 2025 JAN 13 PM 12:22 CAMPAIGN FINANCE	460
Page 1 of 7	For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall (Also Complete Part 5)	<input type="radio"/> Sponsored

<input type="checkbox"/> General Purpose Committee	<input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
<input type="radio"/> Sponsored	_____
<input type="radio"/> Small Contributor Committee	_____
<input type="radio"/> Political Party/Central Committee	_____

2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	_____
_____	_____

3. Committee InformationI.D. NUMBER
1466175

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Building a Better Future, supporting Kathryn Barger for Supervisor
2024 sponsored by Carpenters Unions

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(916) 442-2952

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	_____

OPTIONAL: FAX / E-MAIL ADDRESS
compliance@olsonremcho.com**Treasurer(s)**

NAME OF TREASURER

Frank Hawk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Las Vegas	NV	89118	(213) 228-8492

NAME OF ASSISTANT TREASURER, IF ANY

Sean Hartranft

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90071	(213) 228-8492

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/17/2024
Date _____

By _____

I, [redacted] Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 12/17/2024
Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Kathryn Barger	OFFICE SOUGHT OR HELD County Supervisor Los Angeles County	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Building a Better Future, supporting Kathryn Barger for Supervisor 2024 sponsored by Carpenters Unions

Statement covers period from <u>07/01/2024</u>	CALIFORNIA FORM 460
through <u>11/18/2024</u>	Page <u>3</u> of <u>7</u>
unions	I.D. NUMBER <u>1466175</u>

Contributions Received

1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 500,000.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 500,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 500,000.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 22,468.99	\$ 530,000.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 22,468.99	\$ 530,000.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 22,468.99	\$ 530,000.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 22,468.99
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	22,468.99
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15.</i>	\$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions
Received \$ _____ \$ _____
21. Expenditures
Made \$ _____ \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

_____ / _____ / _____ \$ _____

____/____/____ \$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE C

CALIFORNIA
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Building a Better Future, supporting Kathryn Barger for Supervisor 2024 sponsored by Carpenters Unions

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I.D. NUMBER

1466175

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/09/2024	Western States Regional Council of Carpenters Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Reporting Services	137.50 Memo	14,272.37	
08/05/2024	Western States Regional Council of Carpenters Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Reporting Services	636.50 Memo	14,272.37	
09/03/2024	Western States Regional Council of Carpenters Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Reporting Services	636.92 Memo	14,272.37	
09/30/2024	Western States Regional Council of Carpenters Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Reporting Services	943.18 Memo	14,272.37	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 0.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 0.00**

*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

Schedule C (Continuation Sheet)
Nonmonetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE C (CONT.)

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NAME OF FILER

Building a Better Future, supporting Kathryn Barger for Supervisor 2024 sponsored by Carpenters Unions

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I.D. NUMBER

1466175

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2024	Western States Regional Council of Carpenters Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal and Reporting Services	280.76 Memo	14,272.37	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule E
Payments MadeAmounts may be rounded
to whole dollars.Statement covers period
from 07/01/2024
through 11/18/2024Page 6 of 7

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I.D. NUMBER

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Remcho LLP Sacramento, CA 95814	PRO			8,000.00
Building a Stronger California Sponsored by Western States Regional Council of Carpenters (ID# 870169) Sacramento, CA 95814			Refund of Contribution	7,234.49
Working for Working Americans Spons. By UBC (MPO) (ID# 1332378) Washington, DC 20001			Refund of Contribution	7,234.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 22,468.99

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 22,468.99
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 22,468.99

