

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**
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NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND		Date of This Filing 04/27/2016	Date Stamp 2016 APR 28 AM 7:45
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1383622	Report No. 04272016	CAMPAIGN FINANCE
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		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
04/26/2016	ERIC FERRACO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT FERRACO INC DBA HUMAN DESIGNS PROSTHETICS & ORTHOTICS	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/26/2016	WALTER J. MIX	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING DIRECTOR BERKELEY RESEARCH GROUP, LLC	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____