49/ Contrib	ution Report	Атоил	ts may be rounded to	whole dollars.	RECEIVED BY ANGELES COUNTY 49			
NAME OF FILER KATHRYN BARGE	R FOR SUPERVISOR		Date of This Filing		Date Statio	FORNIA 497		
AREA CODE/PHONE		i.D. NUMBER (If applicable)	Report No. 0	93020168	0 001	ORM + 3 / for Official Use Only		
STREET ADDRESS		1376396 STATE ZIP CODE	Amendme to Report No (explain below)	ent	AMPAIGH FINANCE			
			No. of Pages	18				
1. Contributi	on(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)			
09/29/2016	15TH WEST AND P	AVENUE S, LLC		☐ IND ☐ COM		500.00		
				▼ OTH □ PTY □ SCC		☐ Check if Loan		
09/29/2016	26 TIERRA SUBIL	PA. LLC				Provide interest rate		
				IND COM SOTH PTY SCC		Check if Loan		
09/29/2016	A.V. MATERIALS,	INC.				Provide interest rate		
				☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00 Check if Loan ** Provide interest rate		
Reason for Amend	lment:				*Contributor Codes IND – Individual COM – Recipient Committee (otl OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)		

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ID: CAMPAIGN FINANCE

KATHRYN BARGER					D-1 0:		
	FOR SUPERVISOR 2016		Date of This Filing	09/30/2016	Date Stamp		ORNIA 107
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)		02/20/2020			RM 431
		1376396	Report No. 05	302016B		Fo	r Official Use Only
STREET ADDRESS		20,0330					
			Amendme to Report No.				
CITY		STATE ZIP CODE	(explain below)				
			No. of Pages	18			
1. Contributi	on(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
09/29/2016	A.V. MATERIALS, INC	•					1,000.00
				☐ IND			
				🗵 ОТН			Check if Loan
				☐ PTY			
09/29/2016	ANTELODE UNITED TO			□ scc			Provide Interest rate
,, 2020	ANTELOPE VALLEY FAR	AING. LLC	-	□ IND			1,000.00
				□ сом			
				☑ OTH			☐ Check if Loan
				☐ PTY ☐ SCC			
09/29/2016	ANTELOPE VALLEY NEUR	OSCIENCE MEDICAL GROUP					Provide interest rate
				☐ IND			600.00
				☐ COM ▼ OTH			
				PTY			☐ Check if Loan
				scc			Provide interest rate
					(+0		
eason for Amend					*Contributor Codes IND Individual COM Recipient Co OTH Other (e.g., i	ommittee (other	er than PTY or SCC)

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

Page: 003

497	Contribution	Report
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Amounts may be rounded to whole dollars.

NAME OF FILER						497 CON	TRIBUTION REPORT
	R FOR SUPERVISOR 2016		Date of This Filing	09/30/2016	Date Stamp	CALIFOR	
AREA CODE/PHONE	NUMBER	LD. NUMBER (if applicable) 1376396		09302016B			ficial Use Only
STREET ADDRESS			Amend	ment No			
CITY		STATE ZIP CODE	(explain below				
1. Contribut	ion(s) Received						
RECEIVED		L NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BL		AMOUNT RECEIVED
09/29/2016	ANTELOPE VALLEY NE	OROSCIENCE MEDICAL GROUP		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			400.00 Check if Loan
09/29/2016	PHILIP H. ARKLIN			IND COM OTH PTY SCC	PRESIDENT AARROW INDUSTRIES		1,250.00 Check if Loan
09/29/2016	AV ROOFING, INC.			□ IND □ COM □ OTH □ PTY □ SCC			1,500.00 Check if Loan % rovide interest rate
Reason for Ameno	dment:				"Contributor Codes IND – Individual COM – Recipient Comm OTH – Other (e.g., busin PTY – Political Party	ittee (other th	an PTY or SCC)

SCC - Small Contributor Committee

Pase: 004

NAME OF FILER		3,11041	its may be rounded to v	more dollars,		497 CONTRIBUTION REPOR
	7 707 4		Date of		Date Stamp	ALIEGENIA
AREA CODE/PHONE	R FOR SUPERVISOR 2016		This Filing _	09/30/2016		FORM 497
	· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER (If applicable)	Downer Mr. O	22020160		For Official Use Only
STREET ADDRESS		1376396	Report No. 0	93020168		
OID.			Amendme			*
CITY		STATE ZIP CODE	(explain below)			
			No. of Pages	18		
1. Contributi	ion(s) Received					
DATE RECEIVED	IVED (IF COMMITTEE, ALSO ENTER ID. NUMBER)		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY	ER AMOUNT RECEIVED
09/29/2016	AV ROOFING, INC.				(IF SELF-EMPLOYED, ENTER NAME OF BUSIN	245/
				☐ IND ☐ COM		1,000.00
				☐ COM		5 0 1 T
				☐ PTY		☐ Check if Loan
				□ scc		%
09/29/2016	AVANTI WEST VENTURE	S, LLC	=			Provide interest rate
				☐ COM		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				I OTH		Check if Loan
			ļ	☐ PTY		
09/29/2016	CAL TRODUTA COMME			□ scc		Provide interest rate
,,	CALIFORNIA COMMERCE	CLUB, INC.		☐ IND		1,500.00
				СОМ		
			Í	ĭ OTH		☐ Check if Loan
				☐ PTY ☐ SCC		
						Provide interest rate
					*Contributor Codes	
					IND Individual COM Recipient Committee	(other than PTY or SCC)
leason for Amend	lment:				OTH - Other (e.g., busines PTY - Political Party	s entity)
					SCC - Small Contributor Cor	nmittee

NAME OF FILER						497 CONTRIBUTION REPO
KATHRYN BARGER FO	R SUPERVISOR 2016		Date of	00/20/202	Date Stamp CA	LIFORNIA AO
AREA CODE/PHONE NUME		NUMBER (If applicable)		09/30/2016		FORM 49
			Report No	09302016B		For Official Use Only
TREET ADDRESS	137	6396				
CITY			Amend to Report	No		
		STATE ZIP CODE	(explain below) No. of Pag			
I. Contribution(s) Received					
DATE RECEIVED	FULL NAME, STRI	EET ADDRESS AND ZIP CODE OF CONT	RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL,	Avous
		F COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE *	ENTER OCCUPATION AND EMPLOYED (IF SELF-EMPLOYED, ENTER NAME OF BUSINE	R AMOUNT RECEIVED
03/23/2016	RAIG VAN DAM FARMS. LLO			☐ IND		1,000.
				IX OTH ☐ PTY		☐ Check if Loan
09/29/2016 DE				□ scc		Provide interest rate
2) 23 / 2016	LMAR VAN DAM & SONS DE	A HIGH DESERT DAIRY		C 100		1,500.0
- 1				☐ IND		7,333
				▼ OTH □ PTY		☐ Check If Loan
9/29/2016 DE				scc		Provide interest rate
5/25/2016 DE	LMAR VAN DAM & SONS DB	A HIGH DESERT DAIRY				1,000.0
				☐ IND		
				▼ OTH		Check if Loan
				scc		Provide interest rate
					C*Contributos Codos	
ason for Amendment	t				"Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Com	entity)

NAME OF FILER						497 (CONTRIBUTION REPOR
KATHRYN BARGE	R FOR SUPERVISOR 2016		Date of	09/30/2016	Date Stamp	CALIF	ORNIA 107
AREA CODE/PHONE	NUMBER	I.D. NUMBER (If applicable)	- Idis Fining -	03/30/2018		FO	RM 43/
		1376396	Report No.	9302016B		Fo	r Official Use Only
TREET ADDRESS		1370370		4			
			do Report No				
ITY		STATE ZIP CODE	(explain below)				
			No. of Pages	1.8			
. Contributi	ion(s) Received						
DATE RECEIVED	RECEIVED (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF B	LOYER	AMOUNT RECEIVED
09/29/2016	JOYCE L. GONZALES			E 110	INFORMATION REQUESTED		1,250.00
				I IND ☐ COM			
				ОТН			☐ Check If Loan
				☐ PTY			- Shook ii Ebair
09/29/2016	TINK TON CONTRACT			□ scc			Provide interest rate
2,22,2010	JUAN LOU GONZALEZ			X IND	EXECUTIVE ANTELOPE VALLEY CHEVROLET		1,250.00
				COM	ANTEDOPE VALUET CHEVROLET		
				OTH			☐ Check if Loan
				☐ PTY ☐ SCC			
9/29/2016	H.W. HUNTER, INC.						Provide interest rate
				☐ IND			1,500.00
	_			COM			
							☐ Check if Loan
				scc			%
	-						Provide interest rate
					*Contributor Codes		
					IND-Individual		
					COM - Recipient Comm	ittee (othe	r than PTY or SCC)
ason for Amend	dment:				OTH - Other (e.g., busi PTY-Political Party		"
					SCC - Small Contributor	Committe	

NAME OF FILER			Date of		Date Champ	CONTRIBUTION REPOR
	R FOR SUPERVISOR 2	016		09/30/2016	CALIF	ORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable)				//(III
		1376396	Report No.	09302016B	Fo	or Official Use Only
STREET ADDRESS						
			Amendm to Report No			
CITY		STATE ZIP CODE	(explain below)	y		
			No. of Pages	18		
I. Contributi	on(s) Received		1			
DATE						
09/29/2016	H.W. HUNTER, INC	NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	INC			☐ IND		1,000.0
				COM		
				▼ OTH		☐ Check if Loan
				☐ PTY ☐ SCC		
09/29/2016	AMANDA HAWSE					Provide Interest rate
				I IND	INFORMATION REQUESTED	1,250.00
				☐ COM		
				OTH		☐ Check if Loan
				☐ PTY		
9/29/2016	BRETT HAWSE			<u> </u>		Provide Interest rate
				IND	MANAGEMENT CONSULTANT JHH MOTORCARS, INC.	1,250.00
				СОМ	, 1	
				ОТН		☐ Check If Loan
				☐ PTY ☐ SCC		
	<u> </u>					Provide interest rate
					*Contributor Codes	
					COM - Recipient Committee (other	er than PTY or SCC)
eason for Amendment:					OTH - Other (e.g., business entit	у)
					SCC - Small Contributor Committee	e
eason for Amend	ment:				PTY – Political Party SCC – Small Contributor Committe	PC Form 49

NAME OF FILER			ts may be rounded to			497	CONTRIBUTION REPOR
KATHRYN BARGER	FOR SUPERVISOR 20	216	Date of		Date Stamp	_	0000
AREA CODE/PHONE		LD. NUMBER (If applicable)	This Filing	09/30/2016			RM 497
			Report No.	09302016B		Fo	r Official Use Only
TREET ADDRESS		1376396	Mopore No. 3				
iTY			☐ Amendm to Report No	ent o			
AII		STATE ZIP CODE	(explain below)				
			No. of Pages	318			
. Contribution	on(s) Received						
DATE RECEIVED	RECEIVED (IF COMMITTEE, ALSO ENTER I.D. MUMBER)			CONTRIBUTOR CODE *	R IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME OF BUSINESS)		AMOUNT RECEIVED
09/29/2016	CYNTHIA HAWSE			X IND	HOMEMAKER		1,250.0
		8		COM			
				ОТН			☐ Check if Loan
				☐ PTY			Oriodk ii Edaii
9/29/2016	77.149			☐ scc			Provide Interest rate
272372016	JAMES H. HAWSE			X IND	OWNER SIERRA TOYOTA		1,250.0
				СОМ	SIERRA TOTOTA		
				□ отн			Check if Loan
				☐ PTY			_
9/29/2016	J&J PARTNERS. LLC			□ scc			Provide interest rate
	and the same of th	-		☐ IND			1,500.0
				СОМ			
				I OTH			☐ Check if Loan
				☐ PTY ☐ SCC			
							Provide interest rate
					*Contributor Codes		
					IND – Individual COM – Recipient Co	mmittee (othe	r than DTV or CCC
ason for Amenda	ment:				OIH - Other (e.g.,	business entit	у)
					PTY - Political Party SCC - Small Contrib		

Pase: 009

NAME OF FILER						497	CONTRIBUTION REPOR
KATHRYN BARGER FO	OR SUPERVISOR 2016		Date of	09/20/2015	Date Stamp	CALIF	ORNIA 107
AREA CODE/PHONE NUM		I.D. NUMBER (If applicable)	This Filing .	09/30/2016	•	FO	ORNIA 497
		1376396	Report No.	9302016B		Fo	r Official Use Only
STREET ADDRESS			Amendment to Report No.				
CITY		STATE ZIP CODE	(explain below)				
			No. of Pages 18				
1. Contribution	(s) Received						
DATE RECEIVED			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED	
09/29/2016 R	Antorlaw and assoc	CIATES		☐ IND ☐ COM ဩ OTH ☐ PTY ☐ SCC			1,000.00
09/29/2016 KI	ESTLER DERRYBERRY,	LLP	-				Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00
09/29/2016 JE	ENNIFER LIU						Provide interest rate
				☑ IND ☐ COM ☐ OTH	BUSINESS OWNER INFORMATION REQUESTED		1,500.00
				☐ PTY ☐ SCC			Check if Loan % Provide interest rate
					CIO-III A. C.		microsi tale
eason for Amendmen	ıt:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	ısiness entit	y)

NAME OF FILER						497 C	ONTRIBUTION REPO	
KATHRYN BARGER	FOR SUPERVISOR 2016		Date of	09/20/2016	Date Stamp	CALIFO	FORNIA 497	
AREA CODE/PHONE N		I.D. NUMBER (If applicable)	- Ins Fing	09/30/2016		FOF	RM 451	
		1376396	Report No.	9302016B		For	Official Use Only	
TREET ADDRESS		12376376	☐ Amendm					
ITY		STATE ZIP CODE	(explain below)					
			No. of Pages	18				
l. Contributio	on(s) Received				<u> </u>			
DATE RECEIVED				CONTRIBUTOR CODE *				
09/29/2016	YOLANDA A. MORTON			IND COM	CHIEF EXECUTIVE OFFICER MORTON MANUFACTURING		1,500.0	
				☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan	
09/29/2016	CARRIE ODELL						Provide Interest rate	
				IND COM	RETIRED		1,500.0	
	=			☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan	
09/29/2016	MICHAEL PALMER						Provide interest rate	
				IND □ COM	EXECUTIVE REALTY CENTER MANAGEMENT,	INC.	1,500.0	
				OTH			☐ Check if Loan	
				scc			Provide Interest rate	
					*Contributor Codes			
eason for Amendn	nent:	***************************************			IND – Individual COM – Recipient Comm OTH – Other (e.g., busi PTY – Political Party SCC – Small Contributor	iness entity)	

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

NAME OF FILER						497	CONTRIBU	TION REPORT
KATHRYN BARGE	R FOR SUPERVISOR 201	6	Date of		Date Stamp	CALIF	ORNIA	407
AREA CODE/PHONE		I.D. NUMBER (if applicable)	This Filing Report No. 01			FO	RM r Official Us	497
STREET ADDRESS		1376396	☐ Amendme to Report No.	nt				
CITY		STATE ZIP CODE	(explain below)					
			No. of Pages	18				
DATE	ion(s) Received	ME, STREET ADDRESS AND ZIP CODE OF CONTI	PIRITOR		IF AN INDIVIDUAL,		T	
09/29/2016	HAIG PAPATAN	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTUR	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU		MOUNT CEIVED	
				IND COM	CHIEF EXECUTIVE OFFICER COMMERCE CASINO			1,500.00
				☐ OTH ☐ PTY ☐ SCC			☐ Chec	ck if Loan
09/29/2016	JAMES R. PARKS						Provide i	nterest rate
				☑ IND ☐ COM ☐ OTH	CPA/EXECUTIVE CBIZ MHM LLC		☐ Chec	1,500.00
	TO BE RETURNED			☐ PTY ☐ SCC				%
09/29/2016	ROYAL INVESTORS GR	OUP, LLC					Provide II	500.00
				☐ IND ☐ COM ③ OTH				
				☐ PTY			☐ Check	c if Loan
				□ scc			Provide in	% iterest rate
					*Contributor Codes IND – Individual COM – Recipient Commit	ltee (othe	r than PTY	or SCC)
leason for Amend	dment:				OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor (ess entit	y)	

NAME OF FILER						497 (CONTRIBUTION REPO	DR
KATHRYN BARGEI	R FOR SUPERVISOR 2016		Date of	00/20/0026	Date Stamp	CALIF	ORNIA AO	7
AREA CODE/PHONE		I.D. NUMBER (if applicable)	This Filing	09/30/2016		FO	RM 49	/
			Report No. 9	09302016B		Fo	Official Use Only	
STREET ADDRESS		1376396						
			Amendme					
CITY ·		STATE ZIP CODE	(explain below)	1				
			No. of Pages	18				
1. Contributi	on(s) Received							
DATE RECEIVED		STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	IPLOYER BUSINESS)	AMOUNT RECEIVED	
09/29/2016	KENNETH E. RUGGLES			X IND	CHIEF PINANCIAL OFFICER		1,500.	00
				COM	SPEARS MANUFACTURING CO	YPANY		
				ПОТН			☐ Check if Loan	
				☐ PTY			Clieck ii Loan	
				scc				ь
09/29/2016	SCHOONER'S PATIO GRI	LLE INC, II					Provide interest rate	_
				☐ IND			1,000.	JO
				☐ COM				
				IX OTH			☐ Check if Loan	
				☐ PTY				
09/29/2016	DANTE R. SIMI			□ scc			Provide Interest rate	
03/23/2016	DANTE K. SIMI			X IND	EDUCATOR CANDO CONTRACTOR		1,000.0	00
				COM	DESERT SANDS CHARTER HIG	H SCHOOL		
				ОТН				
				PTY			☐ Check if Loan	
				□ scc			%	
							Provide interest rate	
								_
					*Contributor Codes			1
					IND Individual	mittaa latta	- then DTV 2003	1
					COM ~ Recipient Com OTH ~ Other (e.g., bu	rintee (othe Isiness entit	rman PirorSCC) v)	
ceason for Amend	ment:				PTY Political Party			
					SCC - Small Contribut	or Committe	Ð	1

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NAME OF FILER						497 CO	NTRIBUTION REPO
KATHRYN BARGEI	R FOR SUPERVISOR 20:	16	Date of	09/30/2016	Date Stamp	CALIFOR	
AREA CODE/PHONE	NUMBER	I.D. NUMBER (If applicable)	This Filing09/30/2016			FORM	M TOI
		1376396	Report No. 09302016B			For O	fficial Use Only
STREET ADDRESS							
			Amendme to Report No.				
CITY		STATE ZIP CODE	(explain below)				
			No. of Pages	18			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NA	AME, STREET ADDRESS AND ZIP CODE OF CONT	RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL,		AMOUNT
09/29/2016		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE *	ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS	OYER SINESS)	RECEIVED
03/23/2016	COLLEEN SPEARS			X IND ☐ COM	EDITOR STYLUS WRITING AND EDITING		1,500.0
				☐ OTH ☐ PTY		ı	☐ Check if Loan
				☐ scc			% Provide interest rate
09/29/2016	CONNIE SPEARS			TY IND	HOMEMAKER		1,500.0
				IND COM			
				OTH		[☐ Check if Loan
09/29/2016	RENEE SPEARS			scc		F	Provide interest rate
				☑ IND	NONE		1,500.0
			<u></u>	OTH PTY		-	Check if Loan
				□ scc		-	%
			L			Į P	rovide interest rate
					*Contributor Codes		***************************************
					IND Individual COM Recipient Committ	aa (othar th	an DTV or SCC)
ason for Amend	ment.				OTH - Other (e.g., busine	ess entity)	min i i or occi)
					PTY - Political Party SCC - Small Contributor C	ommittee	

497 Contribution Report

Amounts may be rounded to whole dollars.

407	COAD	TOID! I'	HON	REPORT

NAME OF FILER				497 CONTRIBUTION REPORT
KATHRYN BARGER FOR SUPERVISOR 2016 AREA CODE/PHONE NUMBER		Date of This Filing 09/30/2016	Date Stamp	CALIFORNIA 497
STREET ADDRESS	LD. NUMBER (fapplicable) 1376396	Report No. 09302016B		For Official Use Only
СПУ	STATE ZIP CODE	Amendment to Report No(explain below)		
		No. of Pages18		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/29/2016	RICK SPEARS		MANAGER	1 500 0
		X IND	SPEARS MANUFACTURING CO.	1,500.0
		COM		
		□ отн		Chook if I am
		☐ PTY		Check if Loan
		scc		
09/29/2016				Provide Interest rate
03/23/2016	SPEARS MANUFACTURING CO.			1,500.00
		☐ IND		1,300.00
		COM		
		IX OTH		Check if Loan
		☐ PTY		
		□ scc		
09/29/2016	ROBERT W. SPEARS, II			Provide interest rate
,,5020	ACCEPT W. SPEARS, II	TST IND	ENGINEER	1,500.00
			SPEARS MANUFACTURING COMPANY	
		СОМ		
		□ отн		☐ Check if Loan
		☐ PIY		_
		☐ 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

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NAME OF FILER						497 (CONTRIBUT	TION REPORT
	R FOR SUPERVISOR 201	6	Date of	09/30/2016	Date Stamp	CALIF	ORNIA	497
AREA CODE/PHONE		I.D. NUMBER (if applicable)	This Filing	09/30/2016		FO	RM	431
		1376396	Report No.	9302016B		For	Official Us	e Only
STREET ADDRESS		1376396						
			☐ Amendment to Report No					-
CITY		STATE ZIP CODE	(explain below)					
			No. of Pages	18				
DATE RECEIVED	DAVID TABAN	ME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF	IPLOYER BUSINESS)		CEIVED
	on(s) Received							
09/29/2016	DAVID TABAN			IND □ COM	OWNER JADE ENTERPRISES			1,500.00
				□ отн			☐ Chec	k if Loan
				☐ PTY				94
09/29/2016	UNIVERSITY OF ANTI	ELOPE VALLEY THE					Provide i	nterest rate
		section variation and the		☐ IND				1,500.00
				☐ COM ☒ OTH			☐ Checl	k if Loan
				☐ PTY ☐ SCC				
09/29/2016	INTURDCETY OF AVER						Provide in	nterest rate
,,	UNIVERSITY OF ANTE	SLOPE VALLEY, INC.		☐ IND				1,000.00
	ľ			СОМ				
				⊠ отн		AMOUNT RECEIVED 1,500.00 Check if Loan Provide interest rate 1,500.00 Check if Loan		
							_	
	I			SCC				94.

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

Provide interest rate

NAME OF FILER			s may be rounded to			497 (CONTRIBUT	TION REPOR
KATHRYN BARGER	FOR SUPERVISOR 2016		Date of		Date Stamp		ORNIA	
AREA CODE/PHONE		I.D. NUMBER (If applicable)	This Filing	09/30/2016		FO		497
		I.D. NOWGER (II applicable)	Bonard Ma	002020160		For	r Official Us	e Oniv
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1. Contribution	on(s) Received							
DATE RECEIVED	FULL NAME	STREET ADDRESS AND ZIP CODE OF CONT	RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL,		AM	OUNT
09/29/2016		(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE *	ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)		CEIVED
03/23/2016	VALYERMO RANCH, LLC			☐ IND				1,250.00
				СОМ				
				OTH			☐ Check	k if Loan
				☐ PTY			- 0.100	N II COM
00/00/000				□ scc			Provide I	%
09/29/2016	VAN DAM PROPERTIES I	LC	W				Provide ii	500.00
				☐ IND				
				™ OTH			- Ot	. 15 4
				PTY			☐ Check	(If Loan
				☐ scc				%
09/29/2016	JERI VINCENT				INFORMATION REQUESTED			iterest rate
				IND IND	Tareas not read the	ŀ		1,000.00
				☐ COM				
				□ PTY			☐ Check	if Loan
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							Provide in:	terest rate
					*Contributor Codes			
					IND – Individual COM – Reciplent Comr	nittee (othe	r than PTV	or SCC)
eason for Amend	nent:				OTH - Other (e.g., bus	siness entity	y)	G 300)
	IIOIL.				PTY - Political Party SCC - Small Contributo			

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ID: CAMPAIGN FINANCE

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497 Contrib	oution Report	Amoun	ts may be rounded to v	vhole dollars.		
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	R FOR SUPERVISOR 2016		Date of This Filing _	09/30/2016	Date Startip CA	LIFORNIA 497
AREA CODE/PHONE	NUMBER	LD. NUMBER (Happlicable) 1376396	Report No. 09302016B			FORM FOR Only
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CITY	·	STATE ZIP CODE	(explain below) No. of Pages	18		
1. Contributi	on(s) Received		•			
DATE RECEIVED		STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES	R AMOUNT (S6) RECEIVED
09/29/2016	MICHAEL D. VINCENT			▼ IND	INFORMATION REQUESTED	1,000.00
	100			OTH PTY SCC		☐ Check if Loan
09/29/2016	ANDREW J. WILSON					Provide interest rate
				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CO-OWNER ANTELOPE AMBULANCE	1,250.00
09/29/2016	Y.O.L.O. ENTERPRISE,	INC.				Provide interest rate 1,500.00
				☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Check if Loan We provide interest rate
Reason for Amend	dment:			7)	*Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Com	entity)

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497 Contributi	ion Report	Amount	s may be rounded to	whole dollars.		
NAME OF FILER			Date of		Onto Claren	CONTRIBUTION REPOR
	OR SUPERVISOR 2016			09/30/2016	CALI	FORNIA 497
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STREET ADDRESS			☐ Amendme	ent		
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1. Contribution	(s) Received		, ago			
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09/29/2016 2	ZENITRAM, INC. DBA	NM CONSTRUCTION & ENGINEERING		FIND	(TOTAL DISTRICT OF BOOM(CSO)	1,000.00
				☐ IND		
1				X OTH		☐ Check if Loan
				☐ PTY ☐ SCC		
		- Ta				Provide interest rate
				☐ IND		
				☐ COM		
				☐ PTY		☐ Check if Loan
				scc		Provide Interest rate
				☐ IND		Trovide trialist fate
				COM		
				☐ OTH ☐ PTY		☐ Check if Loan
			_ F =	☐ PTY ☐ SCC		
						Provide interest rate
		7			*Contributor Codes	
Reason for Amendmen	nt:				IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

		Amounts	may be rounded to	whole dollars.	ECEIVED BY ANGELES COUNTY 497	OOLTTINIOLTINLA
NAME OF FILER			Date of		Date Stamo	CONTRIBUTION REPORT
	FOR SUPERVISOR 2016		This Filing	09/30/2016	OCT -3 PM 12: 34 CALI	FORNIA 497
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			Amendme			
CITY		STATE ZIP CODE	(explain below)	,		
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i. Contributi	on(s) Received					
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RECEIVED 09/29/2016		E, 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)	AMOUNT RECEIVED
03/23/2016	DONNA BLACK			IND □ COM	ATTORNEY DONNA R. BLACK & ASSOCIATES	1,500.0
				□ отн		☐ Check if Loan
				□ PTY		
09/29/2016	CATHERINE CAREY			□ scc		Provide interest rate
	CARDI			X IND	RETIRED	1,000.0
				□ сом		
				OTH		☐ Check if Loan
				☐ PTY		
09/29/2016	BRADLEY COX					Provide Interest rate
				IND	REAL ESTATE DEVELOPER TRAMMELL CROW COMPANY	1,500.00
				СОМ		
				ОТН		☐ Check if Loan
				☐ PTY ☐ SCC		
						Provide interest rate
					*Contributor Codes	
					IND – Individual COM – Recipient Committee (oth	er than DTV or SCC\
eason for Amend	ment:				OTH - Other (e.g., business ent	ity)
	morre				PTY - Political Party SCC - Small Contributor Committ	

NAME OF FILER					497 CONTRIBUTION REPOR		
KATHRYN BARGER FOR SUPERVISOR 2016		Date of	00/20/2024	Date Stamp CALIF			
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		Report No.	09302016A		For Official Use Only		
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	STATE ZIP CODE		_ 4				
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1. Contribution	on(s) Received						
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09/29/2016	(IF COMMITTEE, ALSO ENTER LD. NUMB	ER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSIN	/ER AMOUNT RECEIVED		
03/23/2016	BRIANA KNABE		X IND	HOMEMAKER	1,500.00		
			COM				
			ОТН		ET Charle W.L.		
			PTY		☐ Check if Loan		
			scc		%		
09/29/2016	LINYAN MANAGEMENT, LLC.				Provide Interest rate		
			☐ IND		1,500.00		
			COM TOTH				
			D PTY	27	☐ Check if Loan		
			scc				
09/29/2016	ERIKA MCCONNELL				Provide interest rate		
			X IND	HOMEMAKER	1,500.00		
			☐ COM				
	140		OTH		☐ Check if Loan		
			D PTY				
			□ scc		Provide interest rate		
					Fruvide interest rate		
				*Contributor Codes	*Contributor Codes		
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				COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)			
ason for Amenda	ent:	PTY - Political Party					
				SCC - Small Contributor Con	mmittee		

	Amounts	may be rounded to w	hole dollars.		
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osyasyzata pom GO	MAN POST RANCH LP		☐ IND		1,500.00
			HTO ☑ □ YT9		☐ Check if Loan
09/29/2016 JANET E			□ scc		Provide interest rate
09/29/2016 JANET :	ORUSH		X IND	HOMEMAKER	1,500.00
		_ = 1	COM		
			☐ OTH ☐ PTY		☐ Check if Loan
09/29/2016 MARCI R	007		□ scc		Provide interest rate
MARCI R	US E		☑ IND	HOMEMAKER	1,500.00
1					
			☐ OTH ☐ PTY ☐ SCC		Check if Loan

NAME OF FILER		ounts may be rounded to v		497	CONTRIBUTION REPOR
KATHRYN BARGER FOR	SUPERVISOR 2016	Date of	09/30/2016	Date Classes	IFORNIA 107
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1. Contribution(s	s) Received				
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09/29/2016 SE	LAN LAW FIRM		☐ IND ☐ COM		1,500.0
			☑ OTH ☐ PTY ☐ SCC		☐ Check if Loan
09/29/2016 BOE	BBIE STRUVE				Provide Interest rate
-			IND COM OTH PTY	CHIEF EXECUTIVE OFFICER UP SPECIAL PROJECTS	1,500.00
09/29/2016 DAN	STRUVE		□ scc		Provide interest rate
	STROVE		IND ☐ COM	CHIEF EXECUTIVE OFFICER HELPMATE STAFFING SERVICE	1,500.00
			OTH PTY		☐ Check if Loan
			scc	2	Provide interest rate
eason for Amendment:				"Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)