

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

2020 JAN 24 PM 4:00
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER
Kathryn Barger for Supervisor 2020

AREA CODE/PHONE NUMBER
(213) 452-6565

I.D. NUMBER (if applicable)
1414462

STREET ADDRESS

CITY STATE ZIP CODE
Los Angeles CA 90017

Date of
This Filing 01/24/2020

Report No. 012420A

Amendment to Report No. (explain below)

No. of Pages 1

PROPOSITION B UP

CALIFORNIA FORM 497

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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
01/23/2020	California Natural Gas Vehicle Coalition Sacramento, CA 95814	<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
		<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
		<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

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