

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND		Date of This Filing 04/26/2016	2016 APR 27 AM 7:43 CALIFORNIA FORM 497 CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1383622	Report No. 04252016B	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 04252016B (explain below) No. of Pages 3	For Official Use Only
CITY	STATE ZIP CODE		

## 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
04/23/2016	JAMES F. BARGER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER PACIFIC CUSTOM POOLS	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide Interest rate
04/23/2016	SHAUNA G. BARGER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHOREOGRAPHER SHAUNA BARGER	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide Interest rate
04/23/2016	VIRGINIA R. BARGER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	1,500.00  <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: AMENDING CONTRIBUTION RECEIVED; ADDING CONTRIBUTIONS RECEIVED

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND		Date of This Filing 04/26/2016	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1383622	Report No. 04252016B	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 04252016B (explain below) No. of Pages 3	CAMPAIGN FINANCE Date Stamp: 2016 APR 27 AM 7:43
CITY	STATE ZIP CODE		

## 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
04/23/2016	JAMES F. BARGER, JR.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSOCIATE GENERAL ELECTRIC	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2016	RICHARDS D. BARGER, JR.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT RMIS/CAPITAL MANAGEMENT INSURANCE CONSULTING SERVICES	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2016	KEVIN CROW	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROJECT MANAGER PACIFIC CUSTOM POOLS	1,500.00  <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: AMENDING CONTRIBUTION RECEIVED; ADDING CONTRIBUTIONS RECEIVED

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER KATHRYN BARGER FOR SUPERVISOR 2016 ATTORNEY'S FEES FUND		Date of This Filing 04/26/2016	2016 APR 27 AM 1:43 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1383622	Report No. 04252016B		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 04252016B (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 3	

## 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
04/23/2016	LOURDES LOPEZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTANT/HUMAN RESOURCES PACIFIC CUSTOM POOLS	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2016	NORTHERNCROSS PARTNERS, LLC	<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
04/23/2016	JAMES OLKERIIL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT TILT-A-DOOR	1,500.00 <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: AMENDING CONTRIBUTION RECEIVED; ADDING CONTRIBUTIONS RECEIVED