

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

Date Stamp
2016 NOV -7 AM 11:57

CAMPAGN FINANCE

CALIFORNIA FORM 497
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NAME OF FILER
KATHRYN BARGER FOR SUPERVISOR 2016

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1376396

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing 11/04/2016

Report No. 11042016B

Amendment to Report No. _____ (explain below)

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
11/03/2016	MAHER KALDAS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHARMACIST MAHER KALDAS	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
11/03/2016	GRACE MERCADO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT/CEO SAINT CABRINI HEALTHCARE SERVICES	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

*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: _____