Recipient Cor Campaign Sta Cover Page (Government Code S		Statement covers period	Date of election if applicable: 13	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS OF	N REVERSE	from07/01/2024 through12/27/2024	(Month, Day, Year)	FINANCE	Page 1 of 6 For Official Use Only
☐ Officeholder, ☐ State Cane ☐ Recall (Also Complete Pa	ose Committee	es – Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	tion)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee In	formation	I.D. NUMBER 1465915	Treasurer(s)		
	(OR CANDIDATE'S NAME IF NO COMM nion Trades Supporting Barg the State Building & Const (NO P.O. BOX)		NAME OF TREASURER Chris Hannan MAILING ADDRESS [CITY Sacramento	STATE CA	ZIP CODE AREA CODE/PHONE 95814 (916)443-3302
CITY	STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	-
Sacramento	CA	95814 (916)443-3302	Kokayi Kwa Jitahidi		
MAILING ADDRESS	(IF DIFFERENT) NO. AND STREET OF	R P.O. BOX	MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
Long Beach	CA	90802	Sacramento	CA	95814 (916)443-3302
OPTIONAL: FAX / compliance@o:	E-MAIL ADDRESS lsonremcho.com		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all rearunder penalty of period on Executed on Executed on Executed on	01/08/2025 Date 01/08/2025 Date	alifornia that the foregoing is true and correct By By	knowledge the information contained herein and it. Signature of Treasurer or Assistant Treasurer of Controlling Officeholder, Candidate, State Measure Proponent or Signature of Controlling Officeholder, Candidate, State Measure Proponent or Signature of Controlling Officeholder, Candidate, State Measure Proponent Officeholder, C	Responsible Officer of Sp	
Executed on		By			
	Date	-,	Signature of Controlling Officeholder, Candidate, State Measure	ure Proponent	EPPC Form 460 (Jan/2016

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF	ORN	A 4	160		
Page _	2	_ of _	6		

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP	Identify the controlling of	fficeholder, car	ndidate, or state measure	proponent, if ar
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	OPONENT	
not included in this statement that are control	in this Statement: List any committees colled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
contributions or make expenditures on beha	in or your candidacy.				
	I.D. NUMBER	-			
	I.D. NUMBER	7. Primarily Formed Ca	ndidate/Offic	ceholder Committee	List names of
COMMITTEE NAME		7. Primarily Formed Ca		is committee is primarily fo	rmed.
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?		e(s) for which thi		SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE? YES NO SSS (NO P.O. BOX)	NAME OF OFFICEHOLDER OF	e(s) for which thi	OFFICE SOUGHT OR HELD County Supervisor	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE? YES NO SSS (NO P.O. BOX)	NAME OF OFFICEHOLDER OF Kathryn Barger	R CANDIDATE	OFFICE SOUGHT OR HELD County Supervisor Los Angeles County	SUPPORT OPPOSE
	CONTROLLED COMMITTEE? YES NO SSS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF Kathryn Barger NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD County Supervisor Los Angeles County OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Total to Date

Statement covers period CALIFORNIA **FORM** 07/01/2024

20. Contributions

21. Expenditures Made

Candidates

Date of Election

(mm/dd/yy)

Received

SEE INSTRUCTIONS ON REVERSE			v.		through	12/27/2024	Page3	of6
NAME OF FILER California Union Trades Supporting Barger for Supervisor 2024 sponsored by the State Building & Council of California				ing & Construction Trades		I.D. NUMBER 1465915		
Contributions Received		TOTALT	UMN A HIS PERIOD HED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE		Summary for Coth the State Pri	
Monetary Contributions Loans Received	Schedule A, Line 3 Schedule B, Line 3	\$	0.00	\$ _	750,000.00		1/1 through 6/30	7/1 to Date

0.00

0.00

0.00

0.00

0.00

0.00

0.00

45,175.73

5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$	813,139.50
Expenditures Made			
6. Payments Made Schedule E, Line 4	\$ 45,175.73	\$	750,000.00
7. Loans Made Schedule H, Line 3	 0.00	_	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 45,175.73	\$	750,000.00
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	 -219.00		0.00
10. Nonmonetary Adjustment Schedule C, Line 3	 0.00		63,139.50
11. TOTAL EXPENDITURES MADE	\$ 44,956.73	\$	813,139.50

SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 45,175.73

4. Nonmonetary Contributions Schedule C, Line 3

13. Cash Receipts Column A, Line 3 above

14. Miscellaneous Increases to Cash Schedule I, Line 4

15. Cash Payments Column A, Line 8 above

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __

18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

750,000.00

63,139.50

*Amounts in this section may be different from amounts reported in Column B.

Expenditure Limit Summary for State

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Current Cash Statement

Schedule E Payments Made

Amounts may be rounded to whole dollars.

		SCHEDULE
Stateme	ent covers period	CALIFORNIA 460
from	07/01/2024	FORM TOO
through _	12/27/2024	Page _4 of6
		I.D. NUMBER
nction T	rades	1465915

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Union Trades Supporting Barger for Supervisor 2024 sponsored by the State Building & Construction Trades Council of California

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Council of California

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James J. Fuchs, CPA	PRO		1,500.00
Costa Mesa, CA 92626			
Olson Remcho LLP	PRO		1,717.20
Sacramento, CA 95814			
Olson Remcho LLP	PRO		219.0
Sacramento, CA 95814			

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	45,175.73
2. Unitemized payments made this period of under \$100	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	45,175.73

SUBTOTAL\$

3,436.26

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

		SCHEDOLE E (CONT.)
Statement covers period		CALIFORNIA 460
from	07/01/2024	FORM TOO
through	12/27/2024	Page5 of6
truction	Trades	I.D. NUMBER 1465915

SEE INSTRUCTIONS ON REVERSE NAME OF FILER California Union Trades Supporting Barger for Supervisor 2024 sponsored by the State Building & Const

Council of California CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* petition circulating TEL t.v. or cable airtime and production costs PET CVC civic donations candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* TSF IND POS professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 3,662.50 PRO Olson Remcho LLP Sacramento, CA 95814 Reissued check for payment previously reported Political Data Intelligence 1,401.16 Long Beach, CA 90806

Refund of Contribution 36,675.81 State Building and Construction Trades Council of California PAC (ID# 7435011 Sacramento, CA 95814

SUBTOTAL \$

41,739.47

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	F		
Accrued	Expenses	(Unpaid	Bills

Amounts may be rounded to whole dollars.

 Statement covers period from ____07/01/2024
 CALIFORNIA FORM
 460

 through ____12/27/2024
 Page __6 ___ of __6 ___

 LD. NUMBER

NAME OF FILER

California Union Trades Supporting Barger for Supervisor 2024 sponsored by the State Building & Construction Trades Council of California

I.D. NUMBE 1465915

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson Remcho LLP	PRO	219.00	0.00	219.00	0.0
Sacramento, CA 95814					
		_			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	219.00	0.00	219.00	0.00

Schedule F Summary

1. 7	otal accrued expenses incurred this period	d. (Include all Schedule F, Column (b) si	ubtotals for		
	ccrued expenses of \$100 or more, plus tot	tal unitemized accrued expenses under	\$100.) INCURRE	D TOTALS \$	0.0
	corded experience of these or more, place to	an annientade destract expenses under	+ · · · · · · · · · · · · · · · · · · ·		