Page: 001

From:

407 Contribution Days			of account of the second			
			ents may be rounded to whole dollars.		RECEIVED BY LOS ANGELES COLLAGICONTRIBUTION REPORT	
NAME OF FILER			Date of		Det Ch	
KATHRYN BARGER	FOR SUPERVISOR 2	016 ATTORNEY'S FEES FUND	This Filing05/31/2016		CALIF	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					FOLD DOLL I WILL	
1383622		1383622	Report No. 05312016		,	Official Use Only
STREET ADDRESS				CAMPAIGN FINANCE		
			Amendme			
CITY STATE ZIP CODE		to Report No(explain below)				
		-	No. of Pages	2		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)		RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/27/2016	CATHERINE BARTH			X IND	HEALTH CARE INTERNATIONAL MEDICAL CORPS	1,500.00
				COM OTH PTY	INTERNATIONAL MEDICAL CURPS	☐ Check If Loan
05/27/2016				scc		Provide interest rate
03/2//2016	EMILY BARTH			IND □ COM	COMMUNICATIONS COORDINATOR AECOM	1,500.00
				☐ ОТН ☐ РТҮ		☐ Check if Loan
05/27/2016				□ scc		Provide Interest rate
03/2//2016	JOHN SILK			IND ☐ COM	STUDENT	1,500.00
				OTH PTY		☐ Check if Loan
-						Provide Interest rate
					*Contributor Codes]
Reason for Amend	ment:				IND – Individual COM – Recipient Committee (other OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Committee	ty)

Pase: 002

ID: CAMPAIGN FINANCE

*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: _

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