

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE		Date Stamp FILED JUN -3 AM 11:03 CONTRA COSTA COUNTY ELECTION DEPARTMENT	
Statement covers period from <u>5/21/2016</u> through <u>6/2/2016</u>	Date of election if applicable (Month, Day, Year) <u>6/7/2016</u>	CALIFORNIA FORM 460 For Official Use Only Page <u>1</u> of <u>4</u>	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
STEVE BARR FOR SUPERVISOR 2016
 I.D. NUMBER
1383561

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Treasurer(s)

NAME OF TREASURER
KATHY BARR
 MAILING ADDRESS
431 LONE OAK COURT
 CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 925-595-5673
 NAME OF ASSISTANT TREASURER, IF ANY
 MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)
431 LONE OAK COURT
 CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 925-595-5673
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 CITY STATE ZIP CODE AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6-3-2016 Date
 Executed on 6/3/2016 Date
 Executed on _____ Date
 Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
 By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
 By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

**Recipient Committee
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STEVE BARR
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CONTRA COSTA COUNTY SUPERVISOR, DISTRICT 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
431 LONE OAK COURT BRENTWOOD CA 94513

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period from <u>5/21/2016</u> through <u>6/2/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	SUMMARY PAGE
I.D. NUMBER <u>1383561</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
STEVE BARR FOR SUPERVISOR 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 2567	30352
2. Loans Received.....	Schedule B, Line 3 0	5000
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 2567	35352
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	5400
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 2567	40752

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 0	31368
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 0	31368
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	2000
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	5400
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 0	38768

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 1417	\$	
13. Cash Receipts.....	Column A, Line 3 above 2567	\$	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	\$	
15. Cash Payments.....	Column A, Line 8 above 3984	\$	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 0	\$	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 0	\$	
18. Cash Equivalents.....	See instructions on reverse 7000	\$	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above 0	\$	

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
STEVE BARR FOR SUPERVISOR 2016

Statement covers period
from 5/21/2016
through 6/2/2016

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/25/2016	GENE STONEBARGER 301 BROWNSTONE ROAD OAKLEY, CA 94561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED FARMER	100	100	
6/2/2016	WOODMILL RECYCLING COMPANY 5595 BYRON HOT SPRINGS ROAD BYRON, CA 94514	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		320	320	
5/28/2016	BUILD JOBS PAC 1350 TREAT BLVD, STE 140 WALNUT CREEK, CA 94597 ID. 761102 ALL PURPOSE ACCOUNT	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 2420
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 147
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2567**

*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