

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4/24/2016
through 5/21/2016

Date of election if applicable:
(Month, Day, Year)
06/07/2016

Date Stamp
FILED
16 MAY 31 PM 1:50
CENTRAL COAST COUNTY
ELECTION DEPARTMENT
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For Official Use
COPY
CALIFORNIA 460
FORM

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)

2. Type of Statement:

- Pre-election Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
- VENDOR ASKED TO CHANGE SCHEDULE C CONTRIBUTION TO SCHEDULE F ACCRUED EXPENCES**

3. Committee Information

I.D. NUMBER
1383561

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
STEVE BARR FOR SUPERVISOR 2016

Treasurer(s)

NAME OF TREASURER
KATHY BARR

MAILING ADDRESS
431 LONE OAK COURT

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
BRENTWOOD CA 94513 925-595-5673

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 925-595-5673

OPTIONAL: FAX / E-MAIL ADDRESS

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 5-31-2016
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 5/31/2016
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
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Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STEV 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.

SUMMARY PAGE

Statement covers period
from 4/24/2016
through 5/21/2016

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FORM **460**

ID. NUMBER
1383561

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 9100 | 27785 |
| 2. Loans Received..... | Schedule B, Line 3 0 | 5000 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 9100 | 32785 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 1200 | 5400 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 10300 | 38185 |

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 | \$ _____ | \$ _____ |

Expenditures Made

| | | |
|---|-------------------------------|-------|
| 6. Payments Made..... | Schedule E, Line 4 28594 | 31368 |
| 7. Loans Made..... | Schedule H, Line 3 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 28594 | 31368 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 -16679 | 2000 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 1200 | 5400 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 13115 | 38768 |

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) _____ Total to Date \$ _____

_____ Total to Date \$ _____

Current Cash Statement

| | | |
|--|---|----------|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 20911 | \$ _____ |
| 13. Cash Receipts..... | Column A, Line 3 above 9100 | \$ _____ |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 0 | \$ _____ |
| 15. Cash Payments..... | Column A, Line 8 above 28594 | \$ _____ |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 1417 | \$ _____ |

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

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

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|---|----------|
| 18. Cash Equivalents..... | See instructions on reverse 0 | \$ _____ |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above 7000 | \$ _____ |

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).

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

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

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NAME OF FILER

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOI voter registration
- 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| BRENTWOOD REPROGRAPHICS 3361 WALNUT BLVD, SUITE 130 BRENTWOOD, CA 94513 | LIT | 0 | 450 | 0 | 450 |
| SUBTOTALS \$ | | 0 \$ | 450 \$ | 0 \$ | 450 |

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 450**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0**
- Net change this period. (Subtract line 2 from line 1. Enter the difference here and on the Summary Page, Column A, line 9.) **NET \$ 450**