497 Contribut	ion Report	Amou	unts may be rounded to wh	role dollars.	RECEIVED BY	CONTRIBUTION REPOR
NAME OF FILER SIEVE NAPOLITANO POR SUPERVISOR 2016			Date of This Filing	05/2 <b>5/2</b> 016	Date Stamp CALIF	ORNIA 497
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1.3744.06		Report No. 1			For Official Use Only	
STREET ADDRESS  CITY STATE ZIP CODE			Amendment to Report No. (explain below) No. of Pages			¥
1. Contributio	n(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LO. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/24/2016	Steve Napolitano			IND COM OTH PTY SCC	Senior Deputy to Supervisor Don Knabe LA County	Gheck if Loan
				IND COM OTH PTY SCC		Check if Loan
				IND COM OTH PTY SCC		Check If Loan  Check If Loan  % Provide interest rate
Reason for Amen	idment:				*Contributor Codes INDIndividual COM - Recipient Committee (o OTH - Other (e.g., business e PTY - Political Party SCC - Small Contributor Comm	ntity)

R=96%

Page:001

ID: CAMPAIGN FINANCE

MAY-25-2016 Ø1:19PM From:2134894818