12:53PM From:

JUN-07-2016

	RECEIVED BY
1.05	ANGELES COUNT

497 Contribu	ition Report	Amouni	ts may be rounded to t	uhala dallare	LOS ANGELES COUNT	V	
NAME OF FILER				Thole dollars.	497	I CONTRIBUTION REPOR	
Najarian for Los Angeles County Supervisor 2016			Date of This Filing 06/07/2016		2016 Othe Stamp PM CALLE		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				CAMPAIGN FINANCES	RM 43/		
STREET ADDRESS 1376291			Report No. 32		THE PROPERTY OF	o on and other	
CITY			to Report No	ent			
		STATE ZIP CODE	(explain below) No. of Pages	2			
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE ALSO ENTER I.D. NUMBER)		RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER AMOUN		
06/06/2016	4JR Enterprises. In	c.		CODE	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED	
				COM		1,500.00	
				☑ OTH ☐ PTY ☐ SCC		Check if Loan	
06/06/2016	Citadel Outlets					Provide Interest rate	
				☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	
06/06/2016	d.dent consulting.	The state of the s	-			Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,277.08	
						Provide interest rate	
eason for Amendmo	ent:				*Contributor Codes IND – Individual COM – Recipient Committee (othe OTH – Other (e.g., business entil PTY – Political Party SCC – Small Contributor Committee	(y)	

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

JUN-07-2016 12:54PM From:

497 Contribi	ution Report	Amounts	may be rounded to wi	nole dollars.	RECEIVED BY S ANGELES COUNTY 4970	ONTRIBUTION REPORT	
NAME OF FILER Najarian for Los Angeles County Supervisor 2016			Date of This Filing	06/07/2016 2	Date Stamp CALIE	CALIFORNIA 497	
AREA CODE/PHONEN		I.D. NUMBER (if applicable) 1376291	Report No. 32		AMPAIGN FINANCE	Official Use Only	
CITY		STATE ZIP CODE	To Report No. (explain below)				
			No. of Pages	2			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
06/06/2016	Raffi Z. Daghlian			IND COM	Mechanic Raffi Daghlian/Self-employed	1,500.00	
				☐ OTH ☐ PTY ☐ SCC	İ	☐ Check if Loan	
						Provide interest rate	
06/06/2016	Steve Kodo			IND COM OTH	President Sunrise Food Service, Inc.	1,000.00	
				scc		Provide Interest rate	
06/06/2016	Ava L. McKay	2		☐ COM	Professor CA State University Northridge	1,500.00	
			:	☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan	
						Provide Interest rate	
					*Contributor Codes IND – Individual COM – Reciplent Committee (oth OTH – Other (e.g., business ent		
Reason for Amer	ndment:				SCC – Small Contributor Committ	ee	

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