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JUN-08-2016

## RECEIVED BY

497 Contribution Report		LOS ANGELES COUNT	
	ΑΑ	mounts may be rounded to whole dollars.	
NAME OF FILER		Date of Date Stamp	497 CONTRIBUTION REPOR
Najarian for Los Angeles County Supervisor 2016			FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	This Filing 06/08/2016 CAMPAIGN FINANCE	
9	1376291	Report No. 34	For Official Use Only
STREET ADDRESS			
CITY		Amendment to Report No.	

(explain below) No. of Pages \_

STATE

ZIPCODE

## 1. Contribution(s) Received

CITY

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/07/2016	Vartan Barsoumian			THE OLIVED
		X IND	Chief Executive Officer	1,250.0
			Arsenal, Inc.	
	*	1 🖳		1
		□ ОТН		☐ Check if Loan
		☐ PTY		2 SHOOK II EODII
		☐ scc		
06/07/2016	Zhaneta Barsoumian			Provide interest rate
		(III)	Homemaker	<del></del>
		IND IND	N/A	1,250.00
		│		
		│ │ OTH	ĺ	
		☐ PTY	1	☐ Check if Loan
		scc		ļ
06/07/2016		☐ 3CC		%
00/0//2016	Armen S. Khatchatourian			Provide interest rate
		IX IND	System Engineer Teradata Corp.	1,000.00
		СОМ		
		НТО	.#i	
				☐ Check if Loan
		SCC		· ·
				Provide interest rate

IND - Individual COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party Reason for Amendment: SCC - Small Contributor Committee

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

\*Contributor Codes

497 CONTRIBUTION REPORT

JUN-08-2016 05:10PM From:

Najarian for Los Angeles County Supervisor 2016		Date of This Filing 06/08/2016		Date Stamp C	CALIFORNIA 497		
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)				FORM 49/	
STREET ADDRESS		1376291	Report No. 3	4		For Official Use Only	
ЗТҮ			Amendme				
OH T		STATE ZIP CODE	(explain below)				
1. Contributi	ion(s) Received		No. of Pages	2			
DATE RECEIVED		AIE, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYI	R AMOUNT	
06/07/2016 MG Billing a	MG Billing and Col	lection Corp.			(IF SELF-EMPLOYED, ENTER NAME OF BUSINE		
				☐ IND☐ COM☐ Î OTH		1,000.00	
				☐ PTY		☐ Check if Loan	
06/07/2016 Mr. Martin	Mr. Martin, Inc.					Provide interest rate	
				☐ IND		1,500.00	
				IN OTH ☐ PTY ☐ SCC		☐ Check if Loan	
	100					Provide interest rate	
				☐ IND ☐ COM			
				☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan	
						Provide interest rate	
ıson for Amendr	nent:				*Contributor Codes IND – Individual COM – Recipient Committee ( OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Corns	entity)	

Amounts may be rounded to whole dollars.

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**497 Contribution Report** 

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