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ID:CAMPAIGN FINANCE

JUN-16-2016 09:28AM From:2134894818

NAME OF FILER			is may be rounded to	1.	OS-ANGEL SO BY 497	CONTRIBUTION REPO
	NO FOR SUPERVISOR 2D1	6	Date of This Filing _	06/15/2016 /	Date Stamp UUN CALIF	FORNIA AD
AREA CODE/PHONE NUMBER (# applicable)					JUN 17 AM 9-00 FC	RM 43/
STREET ADDRESS		1374406	Report No. 1		AMPAION	or Official Use Only
CITY STATE ZIP CODE		This Filing D6/15/2D16 20 16 JUN 17 AM 9: 00 FORD Report No. 1				
I. Contribution	on(s) Received					
DATE RECEIVED 06/14/2016	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE, ALSO ENTER LD. NUMBER) Steve Wapolitano		RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BURNESS)	AMOUNT RECEIVED
,,,	serve napolitano			COM OTH PTY	Senior Deputy to Supervisor Don Knabe LA County	55,000.0
				scc		Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
				IND COM OTH PTY SCC		Provide Interest rate
eason for Amendr	ment:				*Contributor Codes IND – Individual COM – Recipient Committee (other OTH – Other (e.g., business entity PTY – Political Party SCC – Small Contributor Committee)

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