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ID: CAMPAIGN FINANCE

SEP-22-2016 04:31PM From:2134894818

497 Contribu	ution Report	Ampun	ts may be rounded to	whole dollars.	DECEIVED	DA4970	CONTRIBUTION REPOR
NAME OF FILER STEVE NAPOLITANO FOR SUPERVISOR 2016			Cate of This Filing09/22/2016  Report No. 1  Amendment to Report No		1.05 ANGELES		
AREA CODE/PHONE NUMBER (# aup/icales)  1.D. NUMBER (# aup/icales)		Anna a			Official Use Only		
STREET ADDRESS						CAMPAIGN FINANCI	
CITY		STATE ZIP CODE	(explain below) No. of Page:	s1			
1. Contributi	on(s) Received				•		
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON		CONTRIBUTOR CODE *	IF AM INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-PAPLOYED, ENTER HAVE OF BUSINESS;		AMOUNT RECEIVED
DB/31/2016	James Hunter			IND □ COM	Vice Chair of Board Baron Equities		3,500.0
				OTH PTY SCC			☐ Check if Loan
DB/31/2016	Joanne Hunter				Secretary of Board		Provide interest rate
				☑ IND ☐ COM ☐ OTH ☐ PTY	Baron Equities		☐ Check if Loan
				scc			% Provide Interest rate
				IND   COM   OTH   PTY			☐ Check if Loan
				scc			Previde interest rate
Reason for Amen	ndment:				*Contributor Codes tND – individual COM – Recipiant Com OTH – Other (e.g., but PTY – Political Party SCC – Small Contributo	siness entit	(y)

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AME OF FILER			Date of	- 1	OS A Parie Stamp CALIFO	ONTRIBUTION REPO
STEVE NAPOLITANO FOR SUPERVISOR 2016			This Filing 09/22/2016			
AREA CODE/PHONE NUMBER  I.D. NUMBER (Fapplicable)  1.2 74406		Report No. 2		COLCOED DO PM JO	Official Use Only	
STREET ADDRESS			Amendment to Report No (explain below) No. of Pages1		CAMPAIGNTHAN	
IFY STATE ZIP CODE						
I. Contribution	on(s) Received					
DATE RECEIVED	FULL NA	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/07/201€	Gary W. Dwight	1		IND □ COM	Health Care Revenue Cycly Cross America Financial	1,500
				OTH SCC	8	Check if Loan
( ( ( ( ( ( ( ( (	Mark Howorth				Chief Oneratina Officer	Provide interest ra
09/07/2016	mark Howorch			IND COM	Panavision	1,500
				□ scc		Provisie interest ra
				IND   COM   OTH   PTY   SCC		☐ Check if Loan
				1		Provide interest rat
Reason for Amer	vimen!				"Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business enti PTY - Political Party SCC - Small Contributor Committee	ly)

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (868/275-3772)
www.fppc.ca.gov

497 Contribu	mon Report	Amount	s may be rounded to w	hole dollars.	497 C	ONTRIBUTION REPOR
STEVE NAPOLITANO FOR SUPERVISOR 2016  AREA CODE/PHONE NUMBER  1.D. NUMBER (if applicable)  1374406  STREET ADDRESS		Date of This Filling		115 00011	ORNIA 497 RM 497 TOMICATUSE ONLY	
CITY STATE ZIP CODE				CAMPAIGN FIN		
1. Contribution	on(s) Received					
DATE	FULL NA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMULTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER HESELF-EMPLOYEO, ENTER MAKE OF BUSINESS)	AMOUNT RECEIVED
09/14/2016	Debra Fixen			IND COM OTH PTY SCC	Property Management Shoreline Village	E,000.0 ☐ Check if Loan N: Provide Interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan  'S  Provide Interest rate
				IND   COM   OTH   PTY   SCC		Check if Loan
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Committee	er than PTY or SCC)

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Page: 001

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