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| NAME OF FILER | | | | Date of | | Date Stamp | CALIFOR | RNIA | |
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| Janice Hahn for Supervisor 2020 | | | | This Filing | | | | FORM | |
| AREA CODE/PHONE NUMBER (213) 452-6565 | | I.D. NUMBER (if applicable) 1414469 | | Report No. | 122319A | | For C | For Official | |
| STREET ADDRESS | | | | to Report No. (explain below) | | | | | |
| CITY Los Angeles | | STATE ZIP CODE CA 90017 | | No. of Pages | 1 | | | | |
| 1. Contribution | s Received | | | | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | UTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND E (IF SELF-EMPLOYED, ENTER NAMI | | A RE | |
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