#U55 P.UU1/UU2

## 497 Contribution Report

## Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF FILER			Date of This Filing 05/12/2014		Date Stamp CAL	FORNIA 497
FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014					1 BECONSER 15	ORM TO
AREA CODE/PHONE N	EA CODE/PHONE NUMBER I.D. NUMBER (if applicable)  1363140		Report No. 05	122014	1 0 00	35 For Official Use Only
STREET ADDRESS			Amendment to Report No.		CAMPAISM FACTOR OF STREET OF STREET S	
CITY		STATE ZIP CODE	(explain below)  No. of Pages	2		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NA	AME, STREET ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	AMOUNT RECEIVED
05/10/2014	ANI KAPRIELIAN			☑ IND	OWNER NATIONWIDE SERVICES	1,000.00
				OTH PTY SCC		Check if Loan
						Provide interest rate
05/10/2014	MEED LLC			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  Provide interest rate
05/10/2014	NEVER SAMUELIAN	-		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER NATIONWIDE SERVICES	1,000.00  Check if Loan  Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM Recipient Committee OTH Other (e.g., business PTY Political Party SCC – Small Contributor Con	entity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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## 497 Contribution Report

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AME OF FILER		Date of		Date Stamp	CALIFORNIA 497
FRIENDS OF JAMES HELLMOLD FO	OR SHERIFF 2014	Date of This Filing05/12/2014_	21	WMAY 10 mm	FORM 43/
REA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)				For Official Use Only
	1363140	Report No. 05122014	-/	BAYANA AN AR	
ETREET ADDRESS		to Report No.			
CITY	STATE ZIP COL	(explain below)			
		No. of Pages2			
1. Contribution(s) Recei	ved				

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
05/10/2014	SAN GABRIEL VALLEY PHYSICIANS A.C.O. GROUP, A MEDICAL CORPORATION	☐ IND ☐ COM ဩ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  Rrovide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
		IND COM OTH PTY SCC		Check if Loan  % Provide interest rate

\*Contributor Codes

IND - Individual

COM -- Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Reason for Amendment: \_\_\_\_\_