

497 Contribution Report

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

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LOS ANGELES COUNTY
CAMPAIGN FINANCIAL
DISCLOSURE SECTION

497 CONTRIBUTION REPORT

NAME OF FILER Saucedo Hood for Supervisor 2014		Date of This Filing 05-20-2014 2014 MAY 23 AM 11:20	Date Stamp AM 11:20	CALIFORNIA FORM 497 For Official Use Only 019318
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359536	Report No. 3		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below) N/A		
CITY	STATE	ZIP CODE	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)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05-20-2014	April Saucedo Hood	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Safety Officer / Long Beach Unified School District	\$1000 <input type="checkbox"/> Check if Loan N/A % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: N/A

****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

MD