

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 497
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CAMPAIGN FINANCE

NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 03/09/2016	Date Stamp 2016 MAR -9 P CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376291	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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
03/09/2016	Robert Ounjian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Carpenter, Zuckerman & Rowley, LLP	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/09/2016	Courtney Rowley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer The Rowley Law Firm	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/09/2016	Nicholas Rowley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Trial Lawyers For Justice	1,500.00 <input type="checkbox"/> 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

Reason for Amendment: _____

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov

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NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 03/09/2016 MAR -9 PM 4:56	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	No. of Pages 2

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
03/09/2016	Mark Schwartzhoff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carpenter Mark Schwartzhold	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/09/2016	Sally Schwartzhoff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Assistant Trial Lawyers For Justice	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/09/2016	Robert Stevenson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Stevenson Property Managing	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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