497 Contribu	ution Report	Amoun	ts may be rounded to w		DECEMENT	497 CONTRIBUTION REPORT	
NAME OF FILER Huff for Supervisor 2016 AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) 1376107			Date of This Filing Report No. 20	20	S ANGELES COUNT 16 APR -5 PM 5: 04	CALIFORNIA 497	
STREET ADDRESS CITY	ET ADDRESS STATE ZIP CODE		Amendme to Report No (explain below) No. of Pages	•	AMPAIGN FINANCE		
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CON (FCCMMITTEE ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMF (IF SELF-EMPLOYED, ENTER NAME OF E		
04/04/2016	Li Li Coffee			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00 Check if Loan % Provide interest rate	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan ———————————————————————————————————	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————	
Reason for Amen	dment:				*Contributor Codes IND –Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	nmittee (other than PTY or SCC) usiness enlity)	