

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER Huff for Supervisor 2016		Date of This Filing 04/24/2016 Report No. 2016-11 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376107		
STREET ADDRESS			
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
04/23/2016	Sue Lin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2016	Nancy Wong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2016	Sophia Wu	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retail Sales Macy's Department Store	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: _____
