

# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
VILLANUEVA FOR LOS ANGELES SHERIFF 2018

**AREA CODE/PHONE NUMBER** (310) 817-6679

**I.D. NUMBER (if applicable)** 1397275

**STREET ADDRESS**

**CITY** Inglewood **STATE** CA **ZIP CODE** 90301

**Date of This Filing** 09/01/2018

**Report No.** 10

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2018 SEP -4 PM 3:51  
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
For Official Use Only

## 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
09/01/2018	Marine Mandoyan Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Los Angeles International Airport	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/01/2018	Peter Mandoyan Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Self-Employed - No Separate Business Name	1,500.00 <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

**\*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: \_\_\_\_\_