

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022			Date of This Filing <u>04/23/2022</u>	Report No. <u>42322</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>2</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(310) 817-6679</u>	I.D. NUMBER (if applicable) <u>1397275</u>						
STREET ADDRESS							
CITY <u>Inglewood</u>	STATE <u>CA</u>	ZIP CODE <u>90301</u>					

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
04/23/2022	Patrick Gipson Porter Ranch, CA 91329	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff Los Angeles County Sheriff	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2022	Les Borsai Los Angeles, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C-Founder Asset Manager Wave Financial	1,347.46 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2022	Shahab Elmi San Diego, Ca 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Cymbiotika LLC	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: _____

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AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1397275	Report No. 42322			
STREET ADDRESS _____ _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 2		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/23/2022	Alexander Marmureanu Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cardiac Surgeon California Heart & Lung Sugery Center	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/23/2022	Alexander Marmureanu Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cardiac Surgeon California Heart & Lung Sugery Center	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

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