

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022			Date of This Filing 06/03/2022	RECEIVED BY 05 AM 03:52:31 2022 JUN -8 AM 10:10 PROPOSITION B UNIT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1397275		Report No. 6322	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages 1	

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
06/02/2022	Healthsure Management Newport Coast, CA 92657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,074.49 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/02/2022	Nandini Chopra Palos Verdes Peninsula, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,000.00 <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: _____