

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
497 CONTRIBUTION REPORT

NAME OF FILER VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022		Date of This Filing 10/17/2022	Date Stamp 2022 OCT 18 AM 8: PROPOSITION 6 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1397275	Report No. 101722		
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 (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
10/17/2022	Daryl Marocco Santa Ana, CA 92704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lasrer Technician DPI	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2022	Lisa Marocco Santa Ana, CA 92704	<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
10/17/2022	Ibarhim Hussain Carol Stream, IL 60188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner California Compliant Vans	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 entily)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

00:06:57 a.m. 10-18-2022 2/2 Political Reporting Plus 310 672 6679

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AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1397275		Report No. 101722	PROPOSITION B UNIT	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2	
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10/17/2022	Badar Al-Attar Chicago, IL 60605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Provider Gulf Healthcare Solutions	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2022	Michelle Ramos Los Angeles, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Server Cath LA	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

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