NAME OF FILER  Janice Hahn for Supervisor 2024		Amounts may be rounded to whole dollars.	mounts may be rounded to whole dollars.  RECEIVED BY MAR 0 2 2024		
		Date of This Filing 3/2/2024	LOS ANGELES COUNTY	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457362	<b>Report No.</b> 030224A	2024 MAR -4 AM 8: 08	For Official Use Only	
STREET ADDRESS		Amendment	PROPOSITION B UNIT	1	

STATE

CA

ZIP CODE

90017

to Report No. (explain below)

No. of Pages

2

## 1. Contributions Received

Los Angeles

Reason for Amendment:

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
03/01/2024	Art Berberyan Burbank, CA 91504-4122	✓ IND  COM  OTH  PTY  SCC	Adult Day Healthcare Venus	\$1,500.00 Check if Loan % Provide interest rate
03/01/2024	California Emily's List Washington, DC 20036 ID: 910164	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,500.00 Check if Loan % Provide interest rate
03/01/2024	Central City Association Political Action Committee  San Francisco, CA 94108-4716 ID: 890198	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		\$1,500.00 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

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

NAME OF FILER  Janice Hahn for Supervisor 2024			Date of This Filing 3/2/2024		OS ANGELES COUNTY	CALIFO	FORM 497	
	AREA CODE/PHONE NUMBER (if applicable) 1457362		ole)	Report No.	030224A 4024 MAR -4 AM 8: 08		For Official Use Only	
STREET ADDRESS			Amendment to Report No. (explain below)		PROPOSITION B UNIT			
CITY Los Angeles		STATE CA	<b>ZIP CODE</b> 90017	No. of Pages	2			
1. Contributi	ons Received			*				
DATE RECEIVED	FULL	NAME, STREET ADDRESS AND Z (IF COMMITTEE, ALSO ENTI		BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO' (IF SELF-EMPLOYED, ENTER NAME OF B		AMOUNT RECEIVED
	Lauren Lu	ına			☑ IND □COM	Licensed Clinical Sc	ocial	\$1,500.00

RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
03/01/2024	Lauren Luna San Pedro, CA 90731-4802	☑ IND □ COM □ OTH □ PTY □ SCC	Licensed Clinical Social Worker Lauren Luna	\$1,500.00 Check if Loan Provide interest rate
03/01/2024	Richard K. Parrott  Carmichael, CA 95608-6135	✓ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Taxes Administrator III California State Board of Equalization	\$1,500.00 Check if Loan Provide interest rate
03/01/2024	Andrew Veytuntsyan Burbank, CA 91506-1832	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney Andrew Veytuntsyan	\$1,000.00 Check if Loan % Provide interest rate

D		
Reason for Amendment:		

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