

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> John Duran for L.A. County Supervisor 2014		<b>Date of This Filing</b> 03/19/2014	Date Stamp LOS ANGELES CO 2014 MAR 20 AM 9:12 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only 019333
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1361873	<b>Report No.</b> 931914JD		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 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
03/18/2014	Norman Gabay	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Charles Company	3,000.00  <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
		<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

Reason for Amendment: \_\_\_\_\_

\*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 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

*[Signature]*  
 3/21/14

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497 CONTRIBUTION REPORT

NAME OF FILER John Duran for L.A. County Supervisor 2014		Date of This Filing 03/18/2014	RECEIVED BY LOS ANGELES CO Date Stamp 2014 MAR 19 AM 11:02 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only. 019333
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. 031814JD	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 6	

## 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
03/17/2014	Adam J. Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Arakelian Enterprises	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Barbara Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Jacqueline Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Arakelian Enterprises	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1361873	<b>Report No.</b> 031814JD		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 6	

## 1. Contribution(s) Received

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03/17/2014	Kourtnei Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Michael Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Arakelian Enterprises	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Ron Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Arakelian Enterprises	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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497 CONTRIBUTION REPORT

NAME OF FILER John Duran for L.A. County Supervisor 2014		Date of This Filing 03/18/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 MAR 19 AM 11:03	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. 031814JD	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 6
CITY	STATE	ZIP CODE		

## 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
03/17/2014	Shelly Arakelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Ronald Arakelian III	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Arakelian Enterprises	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	BMB Commercial Corp.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. 031814JD		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## 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
03/17/2014	Gary M. Clifford II	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	David Emrani	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Embay, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Ebrahim Emrani	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Embay, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1361873	<b>Report No.</b> 031814JD		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 6	

**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
03/17/2014	Green Cross of Southern California	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Ronald S. Kates	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Ronald S. Kates	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/17/2014	Les E. Hederer, A Professional Law Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER John Duran for L.A. County Supervisor 2014		Date of This Filing <u>03/12/2014</u>	Date Stamp 2014 MAR 12 PM	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. <u>031314JD</u>	CAMPUS CHANGE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <u>3</u>
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

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03/11/2014	Wendy Goodman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President of Promotion RCA Records	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2014	Sunset Sherbourne Holdings, LLC *	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2014	Troika Boys, LLC *	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\* Aggregated

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<b>NAME OF FILER</b> John Duran for L.A. County Supervisor 2014		<b>Date of This Filing</b> 03/12/2014	RECEIVED BY 2014 MAR 12 PM 3 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only 019353
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1361873	<b>Report No.</b> 031314JD	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>No. of Pages</b> 3			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/11/2014	Zachary Vella	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner VE Equities LLC	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2014	Anthony Zehenni	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Aladdin Development	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2014	Jennifer L. Zehenni	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Pop Up Prep	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER John Duran for L.A. County Supervisor 2014		Date of This Filing 03/12/2014	Date Stamp 2014 MAR 12 PM 3: 5	CALIFORNIA FORM 497 For Official Use Only  019333
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. 031314JD	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	
STREET ADDRESS				
CITY	STATE	ZIP CODE		

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03/11/2014	Tanya Zehenni	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2014	Anthony V. Zehenni, Jr.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Kennon Software	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

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NAME OF FILER John Duran for L.A. County Supervisor 2014		Date of This Filing 03/11/2014	Date Stamp MAR 11 AM 11:28	CALIFORNIA FORM 497 For Official Use Only  019333
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1361873	Report No. 031114JD	CAMPAIN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY	STATE	ZIP CODE		

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03/10/2014	Bruce Vilananch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Mrs. Rosa Moline Presents, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/10/2014	Charles L. Ward III	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect June Street Architecture, Inc.	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

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