

0017001

497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER
OLMSTED FOR SHERIFF 2014

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1359632

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing 05/13/2014

Report No. 1

Amendment to Report No. _____ (explain below)

No. of Pages 1

Date Stamp: 2014 MAY 14 AN ID: _____

CAMPAIGN FINANCE DISCLOSURE REPORT

CALIFORNIA FORM 497

For Official Use Only

019292

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
05/12/2014	Mirali Nabavi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Car Wash Owner Mirali Nabavi	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
		<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

DAVID GOULD

05/13/2014 18:58 FAX

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359632	Report No. _____	CAMPAIGN FINANCE DISCLOSURE STATE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	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
05/08/2014	Dorine Elkoury	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/08/2014	Mike F. Stephens	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner M&R General Trading	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/08/2014	Mohamad Zaman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer M2K Records	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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FPPC Form 497 (March/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

DAVID GOULD 05/12/2014 11:43 FAX