

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Morris for Assembly 2014		Date of This Filing 10/01/2014	Date Stamp RECEIVED BY LOS ANGELES CO 2014 OCT -2 AM 9:23 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1357149	Report No. 100114B		
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
08/20/2014	Steve Cooley & Associates, Inc.	<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
09/30/2014	Steve Cooley & Associates, Inc.	<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
		<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: _____

2014 OCT 1 11:11 AM PDR page 1

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Morris for Assessor 2014		Date of This Filing <u>10/01/2014</u>	Date Stamp RECEIVED LOS ANGELES CA 2014 OCT -1 PM 3:56 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1357149	Report No. <u>1001414A</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages <u>2</u>		

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
09/30/2014	David Bergstein	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financier Cyrano	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/30/2014	Sam Dordulian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Dordulian Law Group	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/30/2014	Sam Solakyan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Global Holdings Inc.	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 entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Morris for Assessor 2014		Date of This Filing <u>10/01/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT -1 PM 3:56 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1357149	Report No. <u>10014114A</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>2</u>	

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
09/30/2014	Suzanna Solakyan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Global Holdings Inc.	1,500.00
		<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

*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: _____

page 2