

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Janice Hahn for Supervisor 2016		Date of This Filing 3/11/2016	RECEIVED BY LOS ANGELES COUR 2016 MAR 11 PM 2:37 CAMPAIGN FINANCE	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1376011	Report No. 03112016A		For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		No. of Pages 1

1. Contributions 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
03/11/2016	Nicole Mutchnik	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Nicole Mutchnik	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/11/2016	Nicole Mutchnik	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Nicole Mutchnik	\$1,500.00 <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 (Jan/2016)
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