

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Janice Hahn for Supervisor 2016		Date of This Filing 4/4/2016	RECEIVED BY LOS ANGELES CALIFORNIA 2016 APR 04 11:00 AM CAMPAIGN FINANCE FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376011	Report No. 03292015B	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1	
CITY	STATE	ZIP CODE	
		No. of Pages 2	

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
03/28/2016	Advanced Diagnostic & Surgical Center, Inc.	<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
03/28/2016	Allied Pacific of California IPA	<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
03/28/2016	David Bohnett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Baroda Ventures LLC	\$5,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: Contribution Amended

*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

FFPC Form 497 (Jan/2016)
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AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1376011	Report No. 032920168	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1	
CITY	STATE	ZIP CODE	
		No. of Pages 2	

1. Contributions 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
03/28/2016	Linda Marsh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEVP AHMC Health Care, Inc.	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/28/2016	Network Medical Management, Inc.	<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

Reason for Amendment: Contribution Amended

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