

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                  |                                               |                                                                                  |                                                                                 |                                                        |
|--------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>NAME OF FILER</b><br>Huff for Supervisor 2016 |                                               | <b>Date of This Filing</b> 04/25/2016                                            | RECEIVED BY<br><b>LOS ANGELES CO</b><br>2016 APR 26 AM 9:13<br>CAMPAIGN FINANCE | CALIFORNIA<br><b>FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>                    | <b>I.D. NUMBER (if applicable)</b><br>1376107 | <b>Report No.</b> 2016-12                                                        |                                                                                 |                                                        |
| <b>STREET ADDRESS</b>                            |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                                                                 |                                                        |
| <b>CITY</b>                                      | <b>STATE</b>                                  | <b>ZIP CODE</b>                                                                  |                                                                                 |                                                        |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                         |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 04/24/2016    | Alexander Yu                                                                                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker Associate<br>Certified International Property Specialist                                              | 500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 04/24/2016    | Alexander Yu                                                                                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker Associate<br>Certified International Property Specialist                                              | 500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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: \_\_\_\_\_