

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Janice Rahn for Supervisor 2016		Date of This Filing 4/27/2016	Date Stamp 2016 APR 28 AM CAMPAIGN FINANCE CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1376011	Report No. 041916B	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 1	
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
04/18/2016	California Nurses Association Political Action Committee (CNA PAC) ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/18/2016	California Real Estate PAC - California Association of Realtors ID: 890106	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/18/2016	Karen Bass For Congress	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <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

FPPC Form 497 (Jan 2016)
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 www.fppc.ca.gov