23

2016 07:40PM HP Fax

ID: CAMPAIGN FINANCE

407 Contrib	ution Report					RE	CEIVED BY		ONTRIBUTION REPOR
457 COILLID	ution Report		Amounts	may be rounded to w	vhole dollars.	MA CU.	GELES COUP	11Y _{497 C}	ONTRIBUTION REPOR
NAME OF FILER				Date of		JULE WE	Pata Stamp : (CALIE	DRNIA AAT
Najarian for L	Los Angeles County Supe	This Filing	05/23/2016	do to title	123 APTILL	FOR	DRNIA 497		
AREA CODE/PHONE	NUMBER			LAMP	HOM COMANO	Contract of the Contract of th	Official Use Only		
1376291				Report No. 21 Amendment to Report No.		CAMPAIGN FINANCE FOR			0
STREET ADDRESS									
CITY	TY STATE ZIP CODE			(explain below) No. of Pages	11				
1. Contributi	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE ALSO ENTER LD. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			, AMOUNT RECEIVED
05/21/2016	Mikayel Israyelyan				X IND COM OTH PTY SCC	Entrepre Muse Lif	neur eStyle Group		1,500.00
05/21/2016	Helen McDonagh			b	IND COM OTH PTY SCC		or/Self-employed e Management Sys		1,000.00
05/21/2016	Raul Porto				IND COM OTH PTY SCC	Owner Portos B	akery		1,000.00
Reason for Amend	dment:			*			"Contributor Codes IND - Individual COM - Recipient Con OTH - Other (e.g., br PTY - Political Party SCC - Small Contribut	usiness ent	ity)

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

497 Contrib	ution Report	Amor	unts may be rounded to w	vhole dollars.	RECEIVED BY 1.05 ANGELES COUNTBY CONTRIBUTION REPORT				
NAME OF FILER Najarian for I	os Angeles County Su	pervisor 2016	Date of This Filing	05/23/2016	Date Slamp 2016 MAY 24 AM 7 CALIFORNIA 497				
AREA CODE/PHONE NUMBER I.D. NUMBER (# epplicable) 1376291			Report No. 2		CAMPAIGN FINANCE For Official Use Only				
STREET ADDRESS		n 10 v	Amendme to Report No						
CITY STATE ZIP CODE			(explain below) No. of Pages	1	8 II				
1. Contributi	on(s) Received	15.00					e		
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		, AMOUNT RECEIVED		
05/21/2016	Aida Norhadian		24	IND COM OTH	President Gacka, Inc.		1,500.00		
				SCC			Provide interest rate		
			b	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan		
						-	Provide interest rate		
2				IND COM OTH PTY SCC			Check if Loan Check if Loan ** ** ** ** ** ** ** ** **		
Reason for Amend	dment:		•		*Contributor Codes IND -Individual COM - Recipient Cor OTH - Other (e.g., b PTY - Political Party SCC - Small Contribu	usiness enti	ity)		

May 23

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