

# 497 Contribution Report

Amounts may be rounded to whole dollars

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LOS ANGELES COUNTY  
2016 JUN 7  
AM 7:56  
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**  
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NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 06/06/2016	Date Stamp AM 7:56
AREA CODE/PHONE NUMBER	I.D. NUMBER (# applicable) 1376291	Report No. 31	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
STREET ADDRESS			
CITY	STATE	ZIP CODE	

## 1. Contribution(s) 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
06/06/2016	Levon Matossian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Office Manager Kradjian Imports	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% 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: \_\_\_\_\_

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497 CONTRIBUTION REPORT

NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 06/06/2016	Date Stamp 2016 JUN -6 PM 3:32	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376291	Report No. 30	CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 2	

## 1. Contribution(s) 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
06/06/2016	Gad Auto Body Shop Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/06/2016	Nancy Gordon-Salle	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal Law Offices of William Salle	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/06/2016	Beatriz D Porto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Porto's Bakery	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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LOS ANGELES COUNTY

2016 JUN 6 PM 3:22 Date Stamp

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

CAMPAIGN FINANCE

**NAME OF FILER**  
Najarian for Los Angeles County Supervisor 2016

**AREA CODE/PHONE NUMBER** \_\_\_\_\_ **I.D. NUMBER (if applicable)**  
1376291

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Date of This Filing** 06/06/2016

**Report No.** 30

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 2

## 1. Contribution(s) Received

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06/06/2016	The Atmosphere	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/06/2016	The Atmosphere	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>NAME OF FILER</b> Najarian for Los Angeles County Supervisor 2016		<b>Date of This Filing</b> 06/06/2016	2016 JUN -8 PM 3 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1376291	<b>Report No.</b> 29		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>		<b>ZIP CODE</b>	<b>No. of Pages</b> 1

**1. Contribution(s) 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
06/05/2016	Ricardo Martin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant Ricardo Martin	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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