

497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2016		<b>Date of This Filing</b> 8/17/2016	<b>Date Stamp</b> RECEIVED BY LOS ANGELES COUNTY 2016 AUG 17 PM 4:55 CAMPAIGN FINANCE	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1376011	<b>Report No.</b> 081716		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

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
08/16/2016	Joseph Molina	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Molina Healthcare	\$2,000.00 <input type="checkbox"/> Check if Loan <input type="checkbox"/> % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*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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