

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2016		<b>Date of This Filing</b> 10/19/2016	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1376011	<b>Report No.</b> 101716A	
<b>STREET ADDRESS</b>		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 1	CAMPAIGN FINANCE
<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
10/17/2016	Gevik Baghdassarian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Baghdassarian & Baghdassarian, P.C.	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/17/2016	Centene Management Company, LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/17/2016	Concourse Ventures	<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

Reason for Amendment: Contributions 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)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

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NAME OF FILER Janice Hahn for Supervisor 2016		Date of This Filing 10/19/2016	RECEIVED BY LOS ANGELES COUNTY 2016 OCT 20 AM 8:36 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376011	Report No. 101716A		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment		
CITY STATE ZIP CODE		to Report No. 1		
		No. of Pages 3		

1. Contributions Received

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10/17/2016	Ingrid Flintoft	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher LAUSD	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/17/2016	Hertzberg for Senate 2018 ID: 1373423	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/17/2016	Shirvanian Kostj	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Komar Investments	\$5,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: Contributions Amended

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<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1376011	<b>Report No.</b> 101716A		
<b>STREET ADDRESS</b>		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 1		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 3	

1. Contributions Received

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10/17/2016	Mark Ridley-Thomas Supervisor 2016 ID: 1376007	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/17/2016	Sebastian Ridley-Thomas For Assembly 2016 ID: 1373947	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: Contributions Amended

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LOS ANGELES COUNTY  
Date Stamp  
2016 OCT 20 AM 8:37  
CAMPAIGN FINANCE

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2016		<b>Date of This Filing</b> 10/19/2016	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>LD. NUMBER (if applicable)</b> 1376011	<b>Report No.</b> 101916	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 1

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10/18/2016	Susan Bloomfield	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$45,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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

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