

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
2016 NOV -7 AM 11:31  
CAMPAIGN FINANCE

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2016		<b>Date of This Filing</b> 11/5/2016	<b>Date Stamp</b> 2016 NOV -7 AM 11:31	<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> 110516	<input type="checkbox"/> <b>Amendment to Report No.</b>	
<b>STREET ADDRESS</b>		<b>No. of Pages</b> 1		
<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
11/04/2016	Danielle Buckles	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dental Hygienist Dr. Greene, DDS	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
11/04/2016	Inland Empire Values Healthcare To Support Eric Linder For Assembly 2016  ID: 1385598	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00 <input type="checkbox"/> Check if Loan 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)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov