

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY

<b>NAME OF FILER</b> Janice Hahn for Supervisor 2020		<b>Date of This Filing</b> 12/31/2019	<b>Date Stamp</b> 2019 DEC 31 PM 4:46	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1414469	<b>Report No.</b> 123119A		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	<b>PROPOSITION B UNIT</b>	
<b>CITY</b> Los Angeles	<b>STATE</b> CA			

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
12/30/2019	SEIU United Healthcare Workers West PAC Los Angeles, CA 90017-5800 ID: 747285	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,500.00 <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 (Jul/2016)  
 FPPC Advice: advice@fppc.ca.gov (388/275-3772)  
 www.fppc.ca.gov