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497 Contribu	ution Report		Amounts	s may be rounded to w	nole dollars.	REGSIVED BY OS ANCELES COUNTY	497 CONTRIBUTION REPORT
NAME OF FILER			***************************************	Date of		Date Stamp CA	LIFORNIA 107
VILLANUEVA FOR	LOS ANGELES COUNTY SI	HERIFF 2022			05/05/2022		FORM 497
AREA CODE/PHONE N	NUMBER	I.D. NUMBER (if applicable	olej .			CITTLE CONTROL CONTROL CONTROL CONTROL	For Official Use Only
(310)817-6679		1397275		Report No. 55	522	FREPOSITION B UNIT	-
STREET ADDRESS		1				FAX 5/5/2022	
				☐ Amendme to Report No.			
CITY		STATE	ZIP CODE	(explain below)	,		
Inglewood		CA	90301	No. of Pages	6		
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAME	IE, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTR ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINE	
05/05/2022	Loa Angeles United	Investment Co.			□IND		1,000.00
	Los Angeles, CA 900	014			COM		
					I S OTH		☐ Check if Loan
	İ				☐ PTY	1	
					□ scc		Provide interest rate
05/05/2022	Empire Avenue, LLC((Aramais Paronyan	ı)		7	-	1,500.0
	Burbank, CA 91504				☐ IND	Į	
	,				⊠ OTH		☐ Check if Loan
	1				☐ PTY	1	- Collect is Form
					scc		Provide interest rate
05/05/2022	Natella Lalabekyan				(VI IND	Retired	1,500.0
	Los Angeles, CA 900	068			IND ☐ COM	None	
					OTH	İ	Check if Loan
					□ PTY	1	Clieck ii coaii
					□ scc		%
					1		Provide interest rate
						*Contributor Codes	
						IND Individual	
						COM - Recipient Committee	
						OTH - Other (e.g., busines PTY - Political Party	ss entity)
Reason for Amend	dment:					 SCC – Small Contributor Co 	ommittee

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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497 Contribution Report	Amounts may be rounded to whole dollars.	LOS ARCELES	COUNT

497 Contribi	ution Report		Amoun	its may be rounded to w			97 CONTRIBUTION REPORT
NAME OF FILER VILLANUEVA FOR	R LOS ANGELES COUNTY S	SHERIFF 2022		Date of This Filing	05/05/2022	2022 MAY Date Stamp 8: 58 CAL	IFORNIA 497
AREA CODE/PHONE N		I.D. NUMBER (if applicable)	ble)	Report No. 55	<u> </u>		For Official Use Only
STREET ADDRESS		1397275		☐ Amendme to Report No.			
City Inglewood		STATE CA	ZIP CODE 90301	(explain below) No. of Pages	. 6		
1. Contribution	ion(s) Received						
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AN		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	
05/05/2022	Armen Buniatyan Burbank, CA 91504			-	IND COM OTH PTY SCC	Chief Executive Officer Arm 4 Arm Foundation	1,000.00 Check if Loan Provide interest rate
05/05/2022	Michael Heather Orange, CA 92868				IND COM OTH PTY SCC	Retired None	1,000.00
05/05/2022	Michael Heather Orange, CA 92868				IND COM OTH PTY SCC	Retired None	Check if Loan
Reason for Amend	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Com	s entity)

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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NAME OF F	ILER	

Amounts may be rounded to whole dollars.	RECEIVED BY
Amounts may be rounded to whole dollars.	LOS ARRELES COUMPY

407 CONTRIBUTION DEPORT

						497 CONTRIBOTION REPORT
NAME OF FILER			Date of	20	22 MAY Date Stamp 8: 58	CALIFORNIA 497
VILLANUEVA FOR LOS ANGELES COUN	TY SHERIPF 2022		This Filing05/05/2022		2,11/11	FORM 491
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicab	le)		100	ROPOSITION B UNIT	For Official Use Only
(310)817-6679	1397275		Report No. 5522		101 50111211	
STREET ADDRESS			Amendment			
			to Report No.			
CITY	STATE	ZIP CODE	(explain below)			
Inglewood	CA	90301	No. of Pages6	_		
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1. Contribution(s) Received

Reason for Amendment: ___

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2022	Michael Heather Orange, CA 92868	IND COM OTH PTY scc	Retired None	□ Check if Loan Provide interest rate
05/05/2022	Suzan Sarian Glendale, CA 91208	IND COM OTH PTY SCC	Network Manager Regal Medical Group	□ Check if Loan
05/05/2022	Ashley Meza Orange, CA 92868	IND COM OTH PTY SCC	Field Operation Manager EBD Investment	1,500.00

*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

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NAME OF FILER				Date of	05/05/2022	MAY -6 F	Jale Stamp 8	CALIFO	ORNIA 107
VILLANUEVA FOR	R LOS ANGELES COUNTY SE	HERIFF 2022		This Filing	05/05/2022	<u></u>		FOR	RM 43/
AREA CODE/PHONE	NUMBER	7	· institution	ap TSITIO	A B UNIT	For	Official Use Only		
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STREET ADDRESS		120212.2		1	_		. 1		
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CITY		STATE	ZIP CODE	(explain below)	•	-	· '		
Inglewood		CA	90301	No. of Pages	66		!		
		- CA	90301						
1. Contributi	ion(s) Received								
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ND ZIP CODE OF CONTRIBUTENTER (D. NUMBER)	TOR	CONTRIBUTOR	ENIER	IF AN INDIVIDUAL, OCCUPATION AND EMP WPLOYED, ENTER NAME OF E	PLOYER BUSINESS)	AMOUNT RECEIVED
05/05/2022	Jaslyne Meza				LAI IND		sources Manager		1,500.00
	Orange, CA 92868				IX IND ☐ COM	EBD Inves	tment	1	
					OTH			1	☐ Check if Loan
					PTY		•	1	Check ii Eca
					□ scc			1	%
05/05/2022	Leo Meza					Contract	or/Investor		Provide interest rate 1,500.00
05/03/2022					☒ IND	Self-Empl	loyed - No Separa	ate	1,300.00
	Orange, CA 92868				СОМ	Business	Name	1	
					☐ OTH			!	☐ Check if Loan
					☐ PTY	1		1	
	1				□ scc			1	Provide interest rate
05/05/2022	Mayra Hernandez				IMD IND		Administrator		1,500.00
	Orange, CA 92868				IND □ COM	EBD Inves	tment	1	
					□ отн			,	Chark if Loan
*					PTY			1	☐ Check if Loan
					scc			1	%
									Provide interest rate
						G			
						1	*Contributor Codes		
					IND – Individual COM – Recipient Com	nmittee (oth	er than PTY or SCC)		
						10	OTH - Other (e.g., bu	usiness enti	
Reason for Amer	ndment:		1				PTY Political Party SCC Small Contribut		100
									ee

497 Contribu	ution Report		Amount	ts may be rounded to w	hole dollars.	18 AH	FLES CI	∭11.¥ 497 C	ONTRIBUTION REPORT
NAME OF FILER				Date of	7	HITT MAY	Date Stamp	8: 58 CALIFO	
VILLANUEVA FOR	LOS ANGELES COUNTY SE	HERIFF 2022		This Filing	05/05/2022		· · · · ·	FOI	ORNIA 497
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicat	b(e)	5		PROPU	SITION B	UN For	Official Use Only
(310) 817-6679		1397275		Report No. 55					
STREET ADDRESS				☐ Amendme to Report No.					
CITY		STATE	ZIP CODE	(explain below)					
Inglewood		CA	90301	No. of Pages	6				
1. Contribution	on(s) Received				,				
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AI (IF COMMITTEE, ALSO	ND ZIP CODE OF CONT ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *			IDUAL, AND EMPLOYER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2022	Meza Jasmine				X IND		y Manager estments		1,500.00
	Orange, CA 92868				COM OTH PTY	EBU INV	estments		☐ Check if Loan
					□ scc				Provide interest rate
05/05/2022	Leo Meza		.,		X IND		tor/Investo		1,500.00
	Orange, CA 92868				COM OTH PTY SCC	Business			Check if Loan
05/05/2022	Mike Mercer				TEN IND	Project	Manager		1,500.00
	Orange, CA 92868				☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EBD Inve	estment		Check if Loan
Reason for Amen	ndment:					_	OTH - Other PTY - Politica	al ient Committee (oth (e.g., business ent	

scc scc

497 Contrib	ution Report		Amounts may	nay be rounded to whole dollars, 95 AVELES COURTY 497 CONTRIBUTION REPORT						
NAME OF FILER				Date of	200	MAY -Bate Stame: 58	CALIFO			
VILLANUEVA FOR	LOS ANGELES COUNTY S	HERIFF 2022		This Filing	05/05/2022 ^{LUL}	THE TO MIT GOOD	FOF			
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(310)817-6679		1397275		Report No. 55	522					
STREET ADDRESS				Amendme						
CITY		STATE	ZIP CODE	(explain below)						
Inglewood		CA	90301	No. of Pages	6					
1. Contributi	on(s) Received									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED			
05/05/2022	Orthodontic Centers Encino, CA 91316	s of California			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			1,500.00 Check if Loan ** Provide interest rate		
05/05/2022	Mike Sarian Glendale, CA 91208				IND COM OTH SCC	Chief Executive Officer American Healthcare Syst	ems	1,500.00 Check if Loan * Provide interest rate		
05/05/2022	Mike Sarian Glendale, CA 91208					Chief Executive Officer American Healthcare Syst	ems	1,500.00		

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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:

Provide interest rate