

1 / 1
10-07-2022
11:39:06 p.m.

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
2022 OCT 11 AM 8:04
10/10/22 FAX
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022		Date of This Filing 10/07/2022
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1397275	Report No. 10722
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Inglewood	STATE CA	ZIP CODE 90301
		No. of Pages 1

1. Contribution(s) 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
10/06/2022	Zaven Manukyan Van Nuys, CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker MKN Acquisition Inc	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/06/2022	NT Medical Group Glendale, CA 91207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____

Political Reporting Plus

310 672 6679