

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED BY 497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing <u>03/06/2014</u>	Date Stamp 2014 MAR -7 AM CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only 019346
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. <u>03062014</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>3</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/05/2014	ALONDRA BOULEVARD BURGERS INC. DBA TAM'S BURGERS #22	<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
03/05/2014	BOULEVARD BURGERS	<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
03/05/2014	GT SALES, INC.	<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: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
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RECEIVED BY LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing <u>03/06/2014</u>	Date Stamp 2014 MAR -7 AM 11:11	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. <u>03062014</u>	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>3</u>	

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
03/05/2014	LONG BEACH BOULEVARD BURGERS DBA TAM'S SUPER BURGER #9	<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
03/05/2014	ANGELO A. LORD	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER HIGH ENERGY AMUSEMENT	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/05/2014	TAM'S SUPER BURGER #33	<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

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03062014	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 3	

1. Contribution(s) Received

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03/05/2014	TAM'S SUPER BURGERS #27	<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
03/05/2014	TAM'S SUPER BURGERS #42	<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
		<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

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NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing 03/07/2014 Report No. 03072014 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 MAR 10 AM 8:13 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140			
STREET ADDRESS				
CITY	STATE	ZIP CODE		

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03/06/2014	AVIVA COVITZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	1,500.00
				<input type="checkbox"/> Check if Loan _____% Provide interest rate
03/06/2014	CARL COVITZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT & CEO LANDMARK CAPITAL, INC	1,500.00
				<input type="checkbox"/> Check if Loan _____% Provide interest rate
03/06/2014	MBIPCH, LLC DBA MALIBU BEACH INN	<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

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497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing 03/10/2014	RECEIVED BY LOS ANGELES COUNTY 2014 MAR 11 PM 4:00 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03102014		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		No. of Pages 11

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/08/2014	MAX PAPAIZIAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER PRECISE AUTO BODY	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	SUSAN G. RIFKIN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	MIRIAM JONES SCHULZE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER GALAXY BOTANICALS, LLC	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing <u>03/10/2014</u>	Date Stamp 2014 MAR 11 PM 4:30	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. <u>03102014</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>11</u>	

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03/08/2014	SAMI KADI	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER KADI ENTERPRISES	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/09/2014	MOHAMMAD A. KAMDAR	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN INFINITY CARE	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	LIONHEAD GLOBAL #3 LLC	<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

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NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing 03/10/2014 Report No. 03102014 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 11	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2011 MAR 11 PM 4:30 CAMPAIGN FINANCE DISCLOSURE SECTION
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS			
CITY	STATE	ZIP CODE	

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03/08/2014	EL SABER ES PODER FOUNDATION	<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
03/08/2014	EVAN CHARNOV ENTERTAINMENT, INC.	<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
03/08/2014	EXPRESS BODY PARTS CANYON COUNTRY, INC.	<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

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>11</u>	

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03/08/2014	RICHARD A. CARL	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	HARLENE C. CHALABIAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT K-JACK ENGINEERING	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	DR. SARKIS K. MESROBIAN CHIROPRACTIC, INC.	<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

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03102014	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
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03/08/2014	BARM LAW	<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
03/08/2014	DONNA CAMPEAU	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICE ADMINISTRATOR LAVI SPINE & ORTHOPEDIC MEDICAL CENTERS	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	GREG B. CAMPEAU	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOCATION SCOUT GREG B. CAMPEAU	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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03/08/2014	CHARLES ALFONSO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOLF INSTRUCTOR CHARLES ALFONSO	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	JENNIFER M. ALFONSO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSISTANT ABP	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/08/2014	KARINA ARREDONDO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSURANCE AGENT STATE FARM	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIF 2014		Date of This Filing <u>03/12/2014</u>	RECEIVED LOS ANGELES COUNTY 2014 MAR 13 AM 8:27 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. <u>03122014</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>	

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03/11/2014	ADNAN KHAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER 7-ELEVEN / NATIONAL CHRONIC FOODS	1,500.00 <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
		<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

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RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing 03/13/2014	Date Stamp 2014 MAR 14 AM 10: 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03132014		
STREET ADDRESS			CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY	STATE	ZIP CODE		
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03/12/2014	TINA MIRFARSI	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF OF STAFF RELATIVITY MEDIA	1,500.00 <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
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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03142014		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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03/13/2014	SYED ARIF ALI RIZVI	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN CALIFORNIA KIDNEY SPECIALISTS	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/13/2014	MATTHEW KAVANAUGH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY EISNER JAFFE GORRY CHAPMAN & ROSS	1,500.00 <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

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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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
03/14/2014	ALEXANDER R. WHEELER, A PROFESSIONAL LAW CORPORATION	<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
03/16/2014	NEW YORK ELEVATOR CONSULTANTS INC	<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
03/16/2014	STARBUZZ TOBACCO, INC.	<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

*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: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing 03/17/2014	Date Stamp RECEIVED LOS ANGELES 2014 MAR 17 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only PM 4:23
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363140	Report No. 03172014		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
03/14/2014	MARIA P. WHEELER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	1,500.00
		<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
		<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

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