

# 497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER Paul Tanaka for Sheriff 2014		Date of This Filing <u>03/25/2014</u>	Date Stamp LOS ANGELES 2014 MAR 26 AM 11	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1359651			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	CAMPAIGN FINANCIAL DISCLOSURE SECTION	
CITY	STATE			

## 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
03/24/2014	Chris Chelios	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/24/2014	HUOT Investment 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
03/24/2014	Beth M. Karmin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	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: \_\_\_\_\_

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<b>NAME OF FILER</b> Paul Tanaka for Sheriff 2014		<b>Date of This Filing</b> 03/25/2014 <b>Report No.</b> 032514PT <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) <b>No. of Pages</b> 2	RECEIVED LOS ANGELES COUNTY 2014 MAR 26 AM 11:11 CAMPAIGN FINANCIAL DISCLOSURE SECTION
<b>AREA CODE/PHONE NUMBER</b> _____	<b>I.D. NUMBER (if applicable)</b> 1359651	<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>STREET ADDRESS</b> _____			
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP CODE</b> _____	

## 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
03/24/2014	Kenneth M. Karmin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Ortho Mattress	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/24/2014	Jill Ann Manhan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/24/2014	TODD & KAIA 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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