

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER STEVE NAPOLITANO FOR SUPERVISOR 2016		Date of This Filing 04/05/2016	RECEIVED BY LOS ANGELES CO CALIFORNIA FORM 497 2016 APR -6 AM 7:42 CAMPAIGN FINANCE 497 CONTRIBUTION REPORT For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1374406	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	ZIP CODE	
		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
04/05/2016	Chevron Policy Govt & Publ Affairs	<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
		<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

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