497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing 04/26/2016
Huff for Supervisor 2016		

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LOS ANGEL
2016 APR 27   PM 3:58
CAMPAIGN FINANCE

Date Stamp

For Official Use Only

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376107	Report No. 2016-13

STREET ADDRESS		☐ 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
04/25/2016	Baxco Pharmaceutical, Inc	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____

FPPC Form 497 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov