

497 Contribution Report

Amounts may be rounded to whole dollars.

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2019 DEC 26 AM 8:45

PROPOSITION B UNIT

CALIFORNIA FORM 497
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NAME OF FILER Janice Hahn for Supervisor 2020		Date of This Filing 12/24/2019
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1414469	Report No. 122419A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 1

1. Contributions 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
12/23/2019	Molina Healthcare, Inc.  Long Beach, CA 90802-4302	<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
12/23/2019	Sony Pictures Entertainment, Inc.  Culver City, CA 90232-3195	<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

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

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