

497 Contribution Report

RECEIVED BY
LOS ANGELES COUNTY

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | |
|------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| NAME OF FILER John Harabedian for Supervisor 2020 | | Date of This Filing 12/24/2019 | 2019 DEC 26 AM 8:15 PROPOSITION B UNIT 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1419619 | Report No. 12/23/2019 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Encino | STATE CA | ZIP CODE 91436 | 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 |
|---------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 12/23/2019 | Clyde Harabedian Arcadia, CA 91006 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired na | 1,250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 12/23/2019 | National Union of Healthcare Workers Candidate Committee Sacramento, CA 95815 Committee ID # 1318200 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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 |

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