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NAME OF
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AREA CODE
(213) 4

STREET AD

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To be continued
Reason for

Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
2022 JUN -8 AM 10:48
PROPOSITION B UNIT

CALIFORNIA FORM 497
For Official Use Only

FILER
for Sheriff 2022

DATE/PHONE NUMBER
452-6565

I.D. NUMBER (if applicable)
1439475

ADDRESS
Los Angeles STATE CA ZIP CODE 90017

Date of This Filing 6/4/2022

Report No. 06042022A

Amendment to Report No.
(explain below)

No. of Pages 2

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
3/2022	Mohammed Elhawary Marina Del Rey, CA 90292-7029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Meditonix CBD LLC	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
3/2022	Palm Tree Management Inc Los Angeles, CA 90034-4732	<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
3/2022	Raj Patel Los Angeles, CA 90019-5433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hotel Operative Raj Patel	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

or 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

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FILER for Sheriff 2022		Date of This Filing 6/4/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
DE/PHONE NUMBER 452-6565	ID. NUMBER (if applicable) 1439475	Report No. 06042022A		
ADDRESS Figueroa Street, Suite 4050		<input type="checkbox"/> Amendment to Report No. (explain below)		
Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2	

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
3/2022	Kristina Vukajlovic Marina Del Rey, CA 90292-5620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Requested Information Requested	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate %

or Amendment: _____

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