497 Contribution Report  NAME OF FILER  VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022		Amounts may be rounded to whole dollars. LUS ANGELES COUNTY 497 CONTRIBUT				
		Date of This Filing 11/05/2022	72 NOV -7 AM 8: 01	CALIFORNIA 497		
AREA CODE/PHONE NUMBER (310) 817 - 6679	I.D. NUMBER (if applicable) 1397275	Report No. 11522	PROPOSITION BUMP	For Official Use Only		
STREET ADDRESS		Amendment to Report No				
CITY	STATE ZIP CO	DE (exhiam oslow)				

No. of Pages \_

## 1. Contribution(s) Received

Inglewood

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/04/2022	R7 Consulting LLC(Mike Rogers)  Denison, TX 75020	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan
11/04/2022	Rolias Security Regiment Inc Pasadena, CA 91103	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan  Provide interest rate
11/04/2022	Joprdan Gold Los Angeles, CA 90048	IND COM OTH PTY SCC	Chief Executive Officer Superior Gold Consulting	1,500.00  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: .

CA

90301

Inglewood  1. Contribution(s) Received  DATE RECEIVED  11/04/2022 Bella Vista Sherman Oaks	I.D. NUMBER (if applicable)  1397275  STATE ZIP CODE  CA 90301  Ved  FULL NAME. STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE. ALSO ENTER I D. NUMBER)  Medical Group	Report No. 13  Amendme to Report No. (explain below)  No. of Pages	nt	11/5/5	AMOUNT RECEIVED
(310) 817-6679 STREET ADDRESS  CITY  Inglewood  1. Contribution(s) Received  DATE RECEIVED  11/04/2022 Bella Vista Sherman Oaks	STATE ZIP CODE  CA 90301  Ved  FULL NAME. STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE. ALSO ENTER ID. NUMBER)  Medical Group	Amendme to Report No (explain below)  No. of Pages	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED
Inglewood  1. Contribution(s) Received  DATE RECEIVED  11/04/2022 Bella Vista Sherman Oaks	STATE ZIP CODE  CA 90301  Ved  FULL NAME. STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE. ALSO ENTER ID. NUMBER)  Medical Group	Amendme to Report No (explain below)  No. of Pages	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER	RECEIVED
Inglewood  1. Contribution(s) Received  DATE RECEIVED  11/04/2022 Bella Vista Sherman Oaks	CA 90301  Ved  FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I D. NUMBER)  Medical Group	to Report No (explain below)  No. of Pages	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER	RECEIVED
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DATE RECEIVED  11/04/2022 Bella Vista Sherman Oaks	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER ID, NUMBER)  Medical Group	TRIBUTOR	CODE *	ENTER OCCUPATION AND EMPLOYER	RECEIVED
RECEIVED  11/04/2022 Bella Vista Sherman Oaks	(IFCOMMITTEE. ALSO ENTER I D. NUMBER)  Medical Group	TRIBUTOR	CODE *	ENTER OCCUPATION AND EMPLOYER	RECEIVED
Sherman Oak:					1,500.0
	Bella Vista Medical Group Sherman Oaks, CA 91403		□ OTH     □ PTY     □ SCC		Check if Loan
11/04/2022 Darlene Kuba	Darlene Kuba			Consultant	1,500.0
Bradbury, CA	Bradbury, CA 91008		X IND COM OTH PTY SCC	Kuba & Associates	Check if Loan  % Provide Interest rate
11/04/2022 Fernando Log	Fernando Lopez		(S) IND	Business Owner	1,500.0
Whittier, C	A 90601		IND COM OTH SCC	El Mariachi Restaurant	Check if Loan

Reason for Amendment: .

			Date of	. 00	NOV _ Date Stamp. O   C	ALIFORNIA 107	
VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022			This Filing			For Official Use Only	
AREA CODE/PHONE NUMBER (il applicable) (310) 817-6679 1397275							
STREET ADDRESS							
CITY		STATE ZIP CODE  CA 90301	(explain below)  No. of Pages	3			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BUSIN		
11/04/2022	APPM Inc West Hollywood, CA	90069		☐ 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	

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee