# Type or print in ink. Amounts may be rounded to whole dollars.

Ω	F	FIN	150	ĐΨ	497 CONTRIBUTION REPORT

NAME OF FILER			Date of		Date Samp Land CALIFORNIA 107		
FRIENDS OF JAM	BS HELLMOLD FOR SHER	IFF 2014	This Filing	03/06/2014	FO	FORM +31	
AREA CODE/PHONE NUMBER I.D. NUMBER (il applicable)  1363140  STREET ADDRESS		Report No. 03062014		7月11日 網 8 以 1	Official Use Only		
CITY STATE ZIP CODE			to Report No (explain below) No. of Pages		01	9344	
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD, NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/05/2014	ALONDRA BOULEVARD	BURGERS INC. DBA TAM'S BURGERS #2:	2	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan  Provide interest rate	
03/05/2014	BOULEVARD BURGERS			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00	
03/05/2014	GT SALES, INC.			☐ IND ☐ COM 図 OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  Provide interest rate	
Reason for Amer	idment:				*Contributor Codes  IND – Individual  COM – Recipient Committee (of  OTH – Other (e.g., business er  PTY – Political Party  SCC – Small Contributor Commi	rtity)	

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497 Contribution Report		Amounts	s may be rounded to w		RECEIVED BY		
1363140		I.D. NUMBER (il spplicable)	Date of This Filing	03/06/2014	Date Stamp CALI 2014 MAR - 7 AM 11: F	FORNIA 497 ORM 497	
STREET ADDRESS		STATE ZIP CODE	Amendme to Report No (explain below)  No. of Pages	***************************************	DISCLUSURE SEV (CO)	·	
1. Contributio	on(s) Received						
DATE RECEIVED	FULL NAME	E. STREET ADDRESS AND ZIP CODE OF CONT (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS		
03/05/2014	LONG BEACH BOULEVAR	RD BURGERS DBA TAM'S SUPER BURGER	#9	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan  Provide interest rate	
03/05/2014	ANGELO A. LORD			IND COM OTH PTY SCC	OWNER HIGH ENERGY AMUSEMENT	1,500.00  Check if Loan  **  Provide interest rate	
03/05/2014	TAM'S SUPER BURGER	#33		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  Provide interest rate	
Reason for Amen	dment:				*Contributor Codes IND Individual COM Recipient Committee OTH Other (e.g., business PTY Political Party SCC Small Contributor Con	entity)	

# Type or print in ink. Amounts may be rounded to whole dollars.

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NAME OF FILER FRIENDS OF JAM	BS HELLMOLD FOR SHERIFF 201	4	Date of This Filing	03/06/2014	(1) Date Stamp ES (3) CALIFO	RNIA 497	
AREA CODE/PHONE NUMBER  1.D. NUMBER (ii spylicable)  1363140  STREET ADDRESS		MBER (il spplicable)	Report No. 03062014  Amendment to Report No.		2014 MAR - 7 AM	Official Use Only	
					CAMPAIGN FINANCE DISCLOSURE SECTION		
CITY		STATE ZIP CODE	(explain below)  No. of Pages	3			
1. Contributi	on(s) Received						
DATE RECEIVED		ET ADDRESS AND ZIP CODE OF CON COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/05/2014	TAM'S SUPER BURGERS #27		,	IND COM OTH PTY SCC		1,500.00	
03/05/2014	TAM'S SUPER BURGERS #42			☐ IND		Provide Interest rate 1,500.00	
		·		COM OTH PTY SCC		Check if Loan  Check if Loan  Rrovide interest rate	
				IND COM OTH PTY SCC		Check if Loan  "" Provide interest rate	
Reason for Amen	dment:	A-4-4			*Contributor Codes IND Individual COM Recipient Committee (oth OTH Other (e.g., business en PTY Political Party SCC Small Contributor Commit	tity)	

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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# Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBITION REPORT

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NAME OF FILER			Date of		Date Stamp	CALIFORNIA 107
	ES HELLMOLD FOR SHERI		This Filing	03/07/2014 CE	IES OF HITE	FORM TOI
AREA CODE/PHONE N	NUMBER	I.D. NUMBER (if applicable)	Report No. 03			For Official Use Only
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STREET ADDRESS			Amendment to Report No.		M FINANCE IRE SECTION	
CITY		STATE ZIP CODE	(explain below)  No. of Pages	DISCLUS	DUT ATA A	
1. Contributi	on(s) Received				<u> </u>	organization of the second
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF B	
03/06/2014	AVIVA COVITZ			IND COM OTH PTY SCC	NONE	1,500.00  Check if Loan  % Provide interest rate
03/06/2014	CARL COVITZ			IND COM OTH PTY SCC	PRESIDENT & CEO LANDMARK CAPITAL, INC	1,500.00  Check if Loan  Provide interest rate
03/06/2014	MBIPCH, LLC DBA MAI	LIBU BEACH INN		IND   COM   OTH   PTY   SCC		1,000.00  Check if Loan  Provide interest rate
Reason for Amen	ndment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	

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NAME OF FILER FRIENDS OF JAM	ES HELLMOLD FOR SHERI	FF 2014	Date of This Filing	03/10/2014	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE I	NUMBER	I.D. NUMBER (il applicable) 1363140	Report No. 03	102014	2014 MAR II PM 4:3	For Official Use Only
STREET ADDRESS			Amendment to Report No.	nt	CAMPAIGN FINASE DISCLOSURE SECTION	
СПҮ		STATE ZIP CODE	(explain below)  No. of Pages			
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAM	E. STREET ADDRESS AND ZIP CODE OF C (IF COMMITTEE, ALSO ENTER LD. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF S	PLOYER AMOUNT RECEIVED
03/08/2014	VIA SOLUTIONS, LP			☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  * Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan
				IND COM OTH PTY SCC		Check if Loan % Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND - Individual COM - Recipient Com OTH - Other (e.g., b. PTY - Political Party SCC - Small Contribut	

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NAME OF FILER  FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014  AREA CODE/PHONE NUMBER  1363140  STREET ADDRESS  CITY STATE ZIP		I.D. NUMBER (il applicable) 1363140	Date of This Filing03/10/2014  Report No. 03102014  Amendment to Report No. (explain below) No. of Pages11		OS ANDate Stamp CALIFO	
1. Contributio	on(s) Received					
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/07/2014	SEA HARBOUR SEAFOO	D RESTAURANT, INC.		☐ IND ☐ COM 図 OTH ☐ PTY ☐ SCC		1,000.00  Check if Loan  ** Provide interest rate
03/08/2014	GLEN SUGAHARA			IND COM OTH PTY SCC	PRESIDENT PROGRESSIVE MOTION	1,500.00  Check if Loan  * Provide interest rate
03/08/2014	LEILANI SUGAHARA			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OFFICE MANAGER PROGRESSIVE MOTION	1,500.00  Check if Loan  Rrovide interest rate
Reason for Amen	dment:				*Contributor Codes  IND – Individual  COM – Recipient Committee (o  OTH – Other (e.g., business e  PTY – Political Party  SCC – Small Contributor Comm	ntity)

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FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014  AREA CODE/PHONE NUMBER   I.D. NUMBER (ii applicable)   1363140  STREET ADDRESS  CITY STATE ZIP CODE  1. Contribution(s) Received		Date of This Filing  Report No. 03  Amendment to Report No. (explain below) No. of Pages	nt	FO	ORNIA 497 RM rOfficial Use Only	
DATE RECEIVED	FULL NAM	IE. STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/08/2014	MAX PAPAZIAN				PARTNER PRECISE AUTO BODY	1,500.00  Check if Loan  **  Provide interest rate
03/08/2014	SUSAN G. RIFKIN			IND COM OTH PTY SCC	HOMEMAKER	1,500.00  Check if Loan  **  Provide interest rate
03/08/2014	MIRIAM JONES SCHUL	ZE		IND COM OTH PTY SCC	MANAGER GALAXY BOTANICALS, LLC	1,500.00  Check if Loan  Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (i OTH – Other (e.g., business of PTY – Political Party SCC – Small Contributor Comm	entity)

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NAME OF FILER			Date of	109 A	Marke Stamp	CALIFORNIA 107
FRIENDS OF JAM	ES HELLMOLD FOR SHER	IFF 2014	This Filing	03/10/2014	py 4: 30	FORM 431
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (il applicable) 1363140	Report No. 03	102014 2014	AR II PM 4: 30  AR II PM 4: 30  APAIGN FINANCE CLOSURE SECTION	For Official Use Only
STREET ADDRESS			Amendme to Report No.	nt CA OIS	STOSURE SECTION	
CITY		STATE ZIP CODE	(explain below)  No. of Pages	11		
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAI	ME, STREET ADDRESS AND ZIP CODE OF CONT (IFCOMMITTE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF 8	
03/08/2014	ADAM LOEF			IND     COM     OTH	CEO AMERICAN BOTANICAL PHARMA	1,500.4
				□ PTY □ SCC		Provide interest rate
03/08/2014	MADELINE LOEF			IND COM OTH PTY SCC	HOMEMAKER	1,500.  Check if Loan  Provide interest rate
03/08/2014	GORDON J. MACE			IND COM OTH PTY SCC	REAL ESTATE JUSTIN INVESTMENT CO.	1,500.  Check if Loan  Provide interest rate
Reason for Amer	idment:				Contributor Codes  IND Individual  COM Recipient Com  OTH Other (e.g., bu  PTY Political Party  SCC Small Contribut	

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Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER			Date of	1 05 AHG	Date Stamp	CALIFORNIA 497
FRIENDS OF JAME AREA CODE/PHONE N	ES HELLMOLD FOR SHERI: UMBER	FF 2014 I.D. NUMBER (ii applicable) 1363140	Report No. 03	2014 MAR 102014	II PH 4: 30	For Official Use Only
STREET ADDRESS			Amendment to Report No.	nt MISCLO	ION FINANCE: SURE SECTION	
СПҮ		STATE ZIP CODE	(explain below)  No. of Pages	11		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME	E. STREET ADDRESS AND ZIP CODE OF CONTF (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	
03/08/2014	SAMI KADI			IND     COM     OTH     PTY     SCC	OWNER KADI ENTERPRISES	1,000.00  Check if Loan  Provide interest rate
03/09/2014	MOHAMMAD A. KAMDAR		•	IND COM OTH PTY SCC	PHYSICIAN INFINITY CARE	1,500.00  Check if Loan  Provide interest rate
03/08/2014	LIONHEAD GLOBAL #3	LLC		☐ IND ☐ COM ③ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  % Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND Individual COM Recipient Col OTH Other (e.g., b PTY Political Party SCC Small Contribut	

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) דדמ//מח[7

#### 197 Contribution Penart

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NAME OFFILER FRIENDS OF JAM	ES HELLMOLD FOR SHERI	IFF 2014	Date of This Filing	03/10/2014	Date Stamp	CALIFOI FOR	
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (ii applicable)	Report No. 03	3102014 2011	MAR II PM N: 30	1	Official Use Only
STREET ADDRESS				ent C:	MPAIGN EINAMIGN	***************************************	
CITY		STATE ZIP CODE	(explain below)  No. of Pages				
1. Contributi	on(s) Received						
DATE RECEIVED				CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
03/08/2014	MONA GRABOWSKI			IND COM OTH PTY SCC	ACCOUNT EXECUTIVE HUB INTERNATIONAL		1,500.00  Check if Loan  Rrovide interest rate
03/08/2014	STEPHEN GRABOWSKI			IND COM OTH PTY SCC	ACCOUNTANT LOBELIA, LLC		1,500.00
03/08/2014	FARES HAFFAR			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER EUROPEAN AUTO HAUSE		1,000.00
					*Contributor Codes		

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Reason for Amendment:

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NAME OF FILER			Date of	an (a = (a a a ·	REDate Startip C CALIFORNIA		
	ES HELLMOLD FOR SHERI	FF 2014			OS AMBRIAS CARREST FOR		
AREA CODE/PHONE N	NUMBER	I.D. NUMBER (ii spelicable) 1363140			1014 MAK II FII S. SP	Official Use Only	
STREET ADDRESS			Amendment to Report No.		CAMPAICH FINAGE I DISCLOSURE SECTION		
CITY STATE ZIP CODE			(explain below)  No. of Pages11				
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	E. STREET ADDRESS AND ZIP CODE OF CON (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/08/2014	EXPRESS BODY PARTS	, LOS ANGELES		☐ IND ☐ COM		1,500.00	
						Check if Loan	
03/08/2014	EXPRESS BODY PARTS	NORTH HOLLYMOOD				Provide interest rate 1,500.00	
33, 33, 232	ant KSSS Sept Tilking	, NORTH HOSEFHOOD		☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Check if Loan	
03/08/2014	LISA GOCKEL		,	FWI IND	RETIRED	1,500.00	
			·	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan	
Reason for Amer	ndment:				Contributor Codes  IND Individual  COM Recipient Committee (oth  OTH Other (e.g., business en  PTY Political Party  SCC Small Contributor Commi	tity)	

#### 407 Contribution Donort

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NAME OF FILER FRIENDS OF JAM:	s hellmold for sheri	FF 2014	Date of This Filing	03/10/2014	AMGEIDate Startip 11 1 CA	LIFORNIA 497
NREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)   1363140		Report No. 03	102014	MAR 11 PM 4: 30	For Official Use Only	
STREET ADDRESS			☐ Amendme to Report No.	nt Dis	MPAIGN FIMARES CLOSURE SECTION :	
CITY		STATE ZIP CODE	(explain below)  No. of Pages	11		
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD, NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF SUSIN	
03/08/2014	EL SABER ES PODER F	COUNDATION		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan  Provide interest rate
03/08/2014	EVAN CHARNOV ENTERI	TAINMENT, INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,000.00  Check if Loan  Provide interest rate
03/08/2014	EXPRESS BODY PARTS	CANYON COUNTRY, INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		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

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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NAME OF FILER			Date of	N	Date Stamp	CALIFORN	MA 107
FRIENDS OF JAM	ES HELLMOLD FOR SHERI	FF 2014	This Filing	03/10/2014		FORM	431
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (ii spsiicabls)	Report No. 03	3102014 2014 M	ARII PM 4: 30	For Offic	cial Use Only
STREET ADDRESS	·			nt CAN	PAIGN FINANCE LOSURE SECTION		
CITY		STATE ZIP CODE	(explain below)  No. of Pages				
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	IE, STREET ADDRESS AND ZIP CODE OF CON (IFCOMMITTE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED
03/08/2014	RICHARD A. CARL			IND COM OTH PTY SCC	RETIRED	_	1,500.00  Check if Loan  **  Provide interest rate
03/08/2014	HARLENE C. CHALABI	AN		IND COM OTH PTY SCC	VICE PRESIDENT K-JACK ENGINEERING	-	1,500.00  Check if Loan  ** Provide interest rate
03/08/2014	DR. SARKIS K. MESR	OBIAN CHIROPRACTIC, INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,000.00  Check if Loan  %  Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND Individual COM Recipient Co OTH Other (e.g., I PTY Political Party SCC Small Contrib	ommittee (other) business entity)	·

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497 CONTRIBUTION REPORT

NAME OF FILER	AME OFFILER FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		Date of This Filing	03/10/2014	REDATE STATEMENT BY CALIFO	
AREA CODE/PHONE N	***************************************	I.D. NUMBER (il applicable) 1363140	Report No. 03		2014 MAR 11 PM 4: 30 For	Official Use Only
STREET ADDRESS		STATE ZIP CODE	Amendme to Report No. (explain below) No. of Pages		CAMPAIGN FINANCE DISCLOSURE SECTION	
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	лок	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/08/2014	BARM LAW			☐ IND ☐ COM 図 OTH ☐ PTY ☐ SCC		1,000.00
03/08/2014	DONNA CAMPEAU			IND COM OTH PTY SCC	OFFICE ADMINISTRATOR LAVI SPINE & ORTHOPEDIC MEDICAL CENTERS	1,500.00
03/08/2014	GREG B. CAMPEAU			X IND COM OTH PTY SCC	LOCATION SCOUT GREG B. CAMPEAU	1,500.00  Check if Loan  Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND Individual COM Recipient Committee (off OTH Other (e.g., business en PTY Political Party SCC Small Contributor Commit	tity)

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497 CONTRIBUTION REPORT

NAME OF FILER	AME OF FILER			) NE	Date Stamp	CALIFORNIA /	672
FRIENDS OF JAM	ES HELLMOLD FOR SHERI	FF 2014		03/10/2014		FORM +	
AREA CODE/PHONE N	UMBER	I.D. NUMBER (ii spęłicable) 1363140	Report No. 03	102014 2014 MA	RII PH 4: 30	For Official Use Or	nly
STREET ADDRESS				nt CAME	AIGH FIMANICE OSURE SECTION		
СПҮ		STATE ZIP CODE	(explain below)  No. of Pages				
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		
03/08/2014	CHARLES ALFONSO				GOLF INSTRUCTOR CHARLES ALFONSO	1	,500.00
				OTH PTY SCC		☐ Check if	%
03/08/2014	JENNIFER M. ALFONS	0		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ASSISTANT ABP	Provide inte	,500.00 f Loan %
03/08/2014	KARINA ARREDONDO			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INSURANCE AGENT STATE FARM	Check if	%
Reason for Amer	dment:				*Contributor Codes IND Individual COM Recipient Co OTH Other (e.g., I PTY Political Party SCC Small Contrib		or SCC)

#### 497 Contribution Report

# Type or print in ink. Amounts may be rounded to whole dollars.

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	03/12/2014		CALIFORNIA 497
	03/12/2014		
			FORM TO
Report No. 03	ZU14   122014   C A N	MAR 13 AM 8: 27	For Official Use Only
to Report No.	nt DISC	OSURE SECTION	
1, ,	11	:	
ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU	
	▼ IND	OWNER 7-ELEVEN / NATIONAL CHRON POODS	1,500.00
	□ OTH □ PTY		☐ Check if Loan
	∐ SCC		Provide interest rate
	☐ IND		
	□ PTY □ SCC		Check if Loan
			Provide interest rate
	COM OTH PTY		☐ Check if Loan
			Provide interest rate
		*Contributor Codes IND – Individual COM – Recipient CommoTH – Other (e.g., bus PTY – Political Party SCC – Small Contributo	
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*Contributor Codes
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FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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497 CONTRIBUTION REPORT

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497 CONTRIBUTION REPORT

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03/14/2014	ALEXANDER R. WHEEL	ER, A PROFESSIONAL LAW CORPORATION		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00	
03/16/2014	NEW YORK ELEVATOR	CONSULTANTS INC		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00  Check if Loan  Provide interest rate	
03/16/2014	STARBUZZ TOBACCO,	INC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00  Check if Loan  Provide interest rate	
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497 CONTRIBUTION REPORT

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