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#067 P.001/001

497 Contribution Report

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	inon Koponi	Amou	ints may be rounded to wr	iole dollars.	PARTITION	497 CONTRIBUTION REPORT
NAME OF FILER	**************************************		Date of		Date Stamp C	ALIFORNIA 497
PRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014		FF 2014	This Filing05/16/2014			FORM 431
AREA CODE/PHONE N	UMBER	I.D. NUMBER (if applicable) 1363140	Report No. 05	162014	ľ	Eof Official Use Only
STREET ADDRESS			Amendment to Report No.		CAMPAIGE F M DISCLOSURE SE	ANT. Distor
CITY		STATE ZIP CODE	(explain below) No. of Pages	1		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER)	ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS	
05/15/2014	KLEE, TUCHIN, BOGDA	ANOFF & STERN LLP		☐ IND		1,500.00
				COM STOTH PTY		☐ Check if Loan
				scc		Provide interest rate
05/15/2014	ANGELLE G. WACKER			IND COM OTH PTY SCC	SENIOR VICE PRESIDENT NAI CAPITAL	1,000.00 Check if Loan Provide interest rate
				IND COM OTH PTY SCC		Check if Loan
	<u> </u>	·				Provide interest rate
Reason for Amer	dment:				*Contributor Codes IND – Individual COM Recipient Comm OTH Other (e.g., busi PTY Political Party SCC Small Contributor	-

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NAME OF FILER			Date of		Date Stamp CALIFORNIA 107		
FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014			This Filing05/19/2014		FOR	RM FIST	
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (if applicable)		=1 02 03 AB	2014 MAY 20 AM 12 For	Official Use Only	
		1363140	Report No. 05	3192014B	Carpana		
STREET ADDRESS			Amendment to Report No.		CAMPATSHIP PARTS		
CITY		STATE ZIP CODE	(explain below) No. of Pages	1			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONT (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	
05/18/2014	DATA CENTER COMMUNI	ICATIONS LLC		☐ IND		1,500.00	
				☑ OTH		Check if Loan	
				scc		3 Provide interest rate	
05/18/2014	ANDREW VRAKAS			IND ☐ COM	OWNER SINFUL TREATS	1,500.00	
				OTH PTY		☐ Check if Loan	
				☐ scc		Provide interest rate	
05/18/2014	ANGIE VRAKAS			IND COM	RETIRED	1,500.00	
				OTH PTY		Check if Loan	
				scc		Provide interest rate	
					*Contributor Codes	***************************************	
Danier for Auror					IND – Individual COM – Recipient Committee (off OTH – Other (e.g., business en		
Reason for Amer	nament:				SCC - Small Contributor Commi	Itee	

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497 Contribution Report

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497 Contribi	ution Report	Amour	nts may be rounded to w	hole dollars.	RECEIVED BY: 497C	ONTRIBUTION REPORT	
PRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014 AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) 1363140 STREET ADDRESS CITY STATE ZIP CODE 1. Contribution(s) Received		1.D. NUMBER (if applicable) 1363140	Date of This Filing05/19/2014 Report No. 05192014		7016 MAY 20 AMEL FOR	ORNIA 497 Official Use Only	
DATE RECEIVED		E, STREET ADDRESS AND ZIP CODE OF COM	NTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
05/16/2014	SALIM ADAYA			IND COM OTH PTY SCC	CHAIRPERSON IDS REAL ESTATE GROUP	1,500.00 Check if Loan Provide interest rate	
05/17/2014	PINGCHAO CAO			IND COM OTH PTY SCC	CHAIRMAN GREAT FAR EAST INC.	1,500.00 Check if Loan Provide interest rate	
05/17/2014	CITYWIDE TOWING, IN	IC.		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00 Check if Loan Provide interest rate	
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM Recipient Committee (otl OTH Other (e.g., business en PTY Political Party SCC – Small Contributor Commit	tity)	

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497 Contribution Report

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		Amount	s may de rounded to w	note dollars.	DECENTED BY 497 CO	ONTRIBUTION REPORT
NAME OF FILER			Date of	05 /00 /000	Date Stamp CALIFO	ORNIA 497
PRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		This Filing05/19/2014		2012 UZM OO 83	Official Use Only	
		1363140	Report No. 05	5192014		3
STREET ADDRESS			Amendment to Report No.		CAMPAISM FULCIES DISCLOSURE LEGIS	•
CITY		STATE ZIP CODE	(explain below) No. of Pages	7		
1. Contribution	(s) Received					
DATE RECEIVED	FULL NAI	ME, 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
05/17/2014	DENA INN APARTMEN	r motel		☐ IND ☐ COM		1,000.00
				☑ OTH ☐ PTY ☐ SCC		Check if Loan "" Provide interest rate
05/16/2014	ATTIAZAZ DIN			IND COM OTH PTY SCC	FOUNDER EN POINTE TECHNOLOGIES	1,500.00 Check if Loan Provide interest rate
05/16/2014	MEDIHA M. DIN			Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TEACHER EL CAMINO COLLEGE	1,500.00 Check if Loan Provide interest rate
Reason for Amendm	nent:				*Contributor Codes IND – Individual COM Recipient Committee (otl OTH Other (e.g., business en PTY Political Party SCC – Small Contributor Commit	ner than PTY or SCC)

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					497 (.)	ONTRIBUTION REPORT
NAME OF FILER		Date of	<u> </u>	Date Stamp CALIFO	RNIA AOT	
FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014			This Filing	05/19/2014	1938H921/5 FOR	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1363140		Report No. 05192014		######################################	Official Use Only	
STREET ADDRESS			Amendment to Report No.		CAMPAISH FINAN DISOLOGUAL LECT.	
CITY		STATE ZIP CODE	(explain below) No. of Pages	7		•
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME	; STREET ADDRESS AND ZIP CODE OF CON' (IFCOMMITTEE, ALSO ENTERID, NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/30/2014	EDH & ASSOCIATES			☐ IND ☐ COM 図 OTH		725.00
				D PTY		1ºrovide interest rate
05/17/2014	EDH & ASSOCIATES			IND COM OTH PTY SCC		500.00
05/17/2014	ABDALLAH FARRUKH			□ IND □ COM □ OTH □ PTY □ SCC	PHYSICIAN ANTELOPE VALLEY NEUROSCIENCE	12rovide interest rate 1,500.00 Check if Loan
			700		*Contributor Codes IND - Individual	Provide interest rate
Reason for Amend	dment:		***************************************		COM Recipient Committee (oth OTH Other (e.g., business en PTY Political Party SCC Small Contributor Commit	tity)

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497 CONTRIBUTION REPORT

NAME OF FILER		Date of		Date Stamp	CALIFORNIA 107		
			This Filing	05/19/2014		FORM FILE	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1363140 STREET ADDRESS		Report No. 05		CAMPAGN TOUS ISCLESURE TO S	8	Official Use Only	
СІТУ		STATE ZIP CODE	(explain below) No. of Pages				
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EI (IF SELF-EMPLOYED, ENTER NAME O		AMOUNT RECEIVED
05/17/2014	WENDELL HENSON			IND COM OTH PTY SCC	RETIRED		1,500.00
05/17/2014	JIM LEDFORD FOR MAY	YOR 2013		<u> </u>			Provide interest rate 1,500.00
				IND COM OTH PTY SCC			Check if Loan
05/17/2014	JENNIFER KNEE			☑ IND ☐ COM ☐ OTH ☐ PTY	INFORMATION REQUESTED		1,500.00
				scc			Provide interest rate
Reason for Amen	dment:				OTH Other (e.g., PTY Political Party	ommittee (oth business en	"
					SCC – Small Contrib	outor Commit	iee

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497 Contribu	ition Report	Am	Type or print in ink nounts may be rounded to w		RECUPYINGS 49	CONTRIBUTION REPORT
NAME OF FILER FRIENDS OF JAME AREA CODE/PHONE N	SS HELLMOLD FOR SHERI		Date of This Filing	05/19/2014 7	Date Stamp CALL	FORNIA 497
AREA CODEPHONEN	JIVIBER	I.D. NUMBER (if applicable) 1363140	Report No. 05	5192014 <u>()</u> j	APA DE PERO	or Official Use Only
STREET ADDRESS			Amendme to Report No (explain below)		No Modern Charles	
CITY		STATE ZIP CODE	No. of Pages	7	·	
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	
05/17/2014	BRENDA MELNICKE			☑ IND ☐ COM ☐ OTH	ATTORNEY BRENDA MELNICKE	1,500.00
				☐ PTY ☐ SCC		Provide interest rate
05/17/2014	KAREN S. PILKINGTO	V		□ IND □ COM □ OTH □ PTY □ SCC	INFORMATION REQUESTED	1,500.00 Check if Loan ** Provide interest rate
05/17/2014	RICHARD A. PILKING	FON		☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INFORMATION REQUESTED	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 Com	entity)

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		Amount	is may be rounded to w	nole dollars.	AECEY	497,C0	ONTRIBUTION REPORT
NAME OF FILER			Date of		Date Stamp	CALIFO	RNIA 407
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AREA CODE/PHONE!	IUMBER	I.D. NUMBER (if applicable)			2014 MAY 20	For	Official Use Only
		1363140	Report No. 05	5192014	Chiepainer		-
STREET ADDRESS			Amendme to Report No.		CAMPATON DISCLOSUJES		 11
CITY		STATE ZIP CODE	(explain below) No. of Pages	7			
1. Contributi	on(s) Received				<u> </u>		
DATE RECEIVED	FULL N	IAME, STREET ADDRESS AND ZIP CODE OF CON (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND B (IF SELF-EMPLOYED, ENTER NAME	EMPLOYER	AMOUNT RECEIVED
05/17/2014	SANDERS TOWING,	INC.		□IND			1,500.00
				COM S OTH PTY			☐ Check if Loan
·				scc			Provide interest rate
05/16/2014	FIZA SHAH			IND COM	CEO DEVELOPMENTS IN LITERA	rCA	1,500.00
				OTH			Check if Loan
				scc			Provide interest rate
05/16/2014	MANSOOR SHAH			⊠ IND □ COM	PHYSICIAN PROHEALTH PARTNERS, A GROUP, INC.	MEDICAL	1,500.00
				OTH PTY SCC			☐ Check if Loan
							Provide Interest rate
					*Contributor Codes		
					IND - Individual		er than PTY or SCC)
Reason for Amer	idment:				OTH Other (e.g. PTY Political Par SCC Small Contr	., business ent ty	ity)

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497	CON	FRIRI	ITION	REP	ORT

NAME OF FILER			Date of	05/19/2014	Date Stamp	CALIFORNIA 497	
FRIENDS OF JAMES HEL AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1363140	This Filing Report No. 05	201	MAY 20 PM 12: 33	FORM TO I	
STREET ADDRESS	<u> </u>	STATE ZIP CODE	Amendment to Report No. (explain below) No. of Pages	Uit	MPAREETEMARES CLOSECTURE PRO		
1. Contribution(s)	Received						
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER LD. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMF (IF SELF-EMPLOYED, ENTER NAME OF I		
05/17/2014 TON	Y WANG YU			IND COM OTH PTY SCC	OWNER FOURWAY COMPANY	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 Check if Loan % Provide interest rate	
Reason for Amendment					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., br PTY – Political Party SCC – Small Contribu		
WARRANCE TO THE RESERVE TO THE RESER						EDBC Form 407 (March/2011)	