

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA
FORM
497
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NAME OF FILER Janice Hahn for Supervisor 2016		Date of This Filing 4/11/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376011	Report No. 04112016A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.
CITY	STATE	ZIP CODE
		No. of Pages 1

1. 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
04/10/2016	Victor R. Fabionar	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Victor Fabionar	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/10/2016	Latino Business Chamber of Greater Los Angeles, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/10/2016	Corinne Sanchez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator El Proyecto Del Barrio, Inc.	\$1,500.00 <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

FPPC Form 497 (Jan0816)
FPPC Address: advice@fppc.ca.gov (866)275-3772
www.fppc.ca.gov