APR-11-2016 02:08PM From:

NAME OF FILER			Date of CALIFORNIA 49				
Najarian for LA	os Angeles County Sur HUMBER	I.D. NUMBER (# applicable)	This Filing 04/11/2016 2 16 APR 1 PM 4: 4 FORM 4  Report No. 15 CAMPAIGN FINANCE FOR Official Use C				
		1376291	Napolt No.		LAPPAIGN FINANGE		
STREET ADDRESS			Amendment to Report No.				
CITY		STATE ZIP CODE	(explain below)  No. of Pages	2			
1. Contribution	on(s) Received				700		
DATE RECEIVED	FULL NAM	NE, STREET ADDRESS AND ZIP CODE OF CONTRIBUTI (IF COMMITTEE, ALSO ENTER LD NUMBER)	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
04/08/2016	Anelka Abrahamian	**		IND COM OTH PTY SCC	Administrator Valley Presbyterian Hospital	1,300.00	
04/11/2016	Mihran Abrahamian		<b> -</b>	IND COM OTH PTY SCC	Agent State Farm	1,000.00  Check if Loan  * Provide interest rate	
04/11/2016	Murad Minasian			IND COM OTH PTY SCC	Senior Sales Executive Levi Strauss Co.	1,000.00  Check if Loan  % Provide interest rate	
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Commit	ity)	

Amounts may be rounded to whole dollars.

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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CALIFORNIA 197

Date Stamp

**497 Contribution Report** 

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## **497 Contribution Report**

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			Amounts n	nay be rounded to w	hole dollars.	= 497	CONTRIBUTION REPORT	
NAME OF FILER						THE REPORT OF THE PERSON OF TH		
Najarian for Los Angeles County Su AREA CODE/PHONE NUMBER		I.D. NUMBER (# applicable)  1376291  This Filing  Report No. 15		04/11/2016	CANDALON EINANC	ORM 497		
STREET ADDRESS	1378231	_	Amendme					
CITY		STATE ZIP CODE		(explain below)  No. of Pages	2			
1. Contribution(s)	Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO			BUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
04/11/2016 Arm	an Semerjian				IND COM	Sales KPI Ultrasound	1,000.00	
					OTH PTY SCC		Check if Loan  ""  Provide Interest rate	
					IND COM OTH PTY SCC		☐ Check if Loan	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan	
Reason for Amendment:						*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business et PTY – Political Party SCC – Small Contributor Comm	ntity)	

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