

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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CAMPAIGN FINANCE

NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 04/22/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376291	Report No. 12
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 12 (explain below)
CITY	STATE	ZIP CODE
		No. of Pages 1

1. Contribution(s) 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
04/08/2016	Silva Golnazarian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturing Silva Golnazarian	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/09/2016	Silva Golnazarian Contribution not processed	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufacturing Silva Golnazarian	-1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: To remove contribution not processed