

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
APR 27 AM 7:41
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER Najarian for Los Angeles County Supervisor 2016		Date of This Filing 04/26/2016	Date Stamp APR 27 AM 7:41
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376291	Report No. 25	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
STREET ADDRESS			
CITY	STATE	ZIP CODE	

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
04/26/2016	Porta-Kan Sanitation, 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
		<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
		<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: _____