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497 Contribution	Report	Amounts m	nay be rounded to who	Date of This Filing 5/6/2016 PARCE VED BY 2016 MAY -9 AM II FORM 497				
NAME OF FILER Janice Hahn for		Date of This Filing	5/6/2016	2016 MAY -9 AM 11: 07 FO	ORNIA 497			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1376011			Report No.	050616В	CAMPAIGN FINANCE	r Official Use Only		
STREET ADDRESS			Amendment to Report No.		A AIGH FINANCE			
CITY STATE ZIP GODE			No. of Pages	2				
1. Contribution	ns Received							
DATE RECEIVED	FULL NAME	UTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED			
05/05/2016	Alvaro P. Ba		☑ IND □COM □OTH □PTY □SCC	CEO JWCH Institute	\$500.00 Check if Loan			
05/05/2016	Shirley Summers			☑ IND □ COM □ OTH □ PTY □ SCC	CEO Behavioral Health Services	\$1,000.00 Check if Loan Provide interest rate		
05/05/2016	Todd Turley			☑ IND □COM □OTH □PTY □SCC	Realtor Main Street Realtors	\$1,000.00 Check if Loan Provide interest rate		
Reason for Amendmen	nt:				Contributor Codes IND - Individual COM - Recipient Committee (othe OTH - Other (e.g., business entity PTY - Political Party	"		

FPPC Form 497 (Jan/2016)
FPPC Advice: edvice@fppc.ca.gov (856/275-3772)
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Reason for Amendment:

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497 Contribution	Report							
NAME OF FILER Janice Hahn for Supervisor 2016			Date of This Filling	5/6/2016	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1376011	Report No. 050616B				r Official Us	
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DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (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	
05/05/2016	Sonya Woods			☑ IND □COM □OTH □PTY □SCC	Clinical Social Worker County of Los Angeles		Che	000.00 ck if Loan finterest rate
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"Contributor Codes

IND - Individual
IND - Individual
COlit - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

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