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| 497 Contribution                                            | nay be rounded to whole dollars.                                                                |                        | RECEIVED BY<br>LOS ANGELES COUNTY |                                                                                                                             |                                                                                           |                                                |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|
| NAME OF FILER Janice Hahn for Supervisor 2016               |                                                                                                 | Date of<br>This Filing | 5/25/2016                         | 2016 HAY 26 AM 8: 33                                                                                                        | CALIFO                                                                                    | 411                                            |
| AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable) 1376011 |                                                                                                 | Report No.             | 052516A                           | CAMPAIGN FINANCE                                                                                                            | For Official Use Only                                                                     |                                                |
| STREET ADDRESS                                              |                                                                                                 | Amendme to Report No.  |                                   |                                                                                                                             |                                                                                           |                                                |
| CITY                                                        | STATE ZIP CODE                                                                                  | No. of Pages           | 1                                 |                                                                                                                             |                                                                                           |                                                |
| 1. Contribution                                             | ns Received                                                                                     |                        |                                   |                                                                                                                             |                                                                                           |                                                |
| DATE<br>RECEIVED                                            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) |                        | CONTRIBUTOR<br>CODE *             |                                                                                                                             | IF AN INDIVIDUAL, NTER OCCUPATION AND EMPLOYER -EMPLOYED, ENTER NAME OF BUSINESS) RECEIVE |                                                |
| 05/24/2016                                                  | Murtaza Masood                                                                                  |                        | ☑ IND □COM □OTH □PTY □SCC         | CIO<br>LA County                                                                                                            |                                                                                           | \$1,000.00 Check if Loan Provide Interest rate |
|                                                             |                                                                                                 |                        |                                   |                                                                                                                             |                                                                                           |                                                |
| Reason for Amendmer                                         | nt:                                                                                             |                        |                                   | *Contributor Codes IND - Individual COM - Recipient Coms OTH - Other (e.g., bus PTY - Political Party SCC - Small Contribut | iness entity                                                                              | )                                              |

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