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55-4065 1396928 ADDRESS		ndment ort No	CAMPAIGN FINANCE	
STATE CA	ZIP CODE		1/2	
) Received				
FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO EXTER LD. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
Armen Yemenidjian Las Vegas NV 89169 ID:		IND GOM OTH PTY	CEO Intergral Associates LLC	1500.00
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