

497 Contribution Report

Amounts may be rounded to whole dollars.

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 LOS ANGELES COUNTY
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 PROPOSITION B UNIT

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER
John Harabedian for Supervisor 2020

AREA CODE/PHONE NUMBER **I.D. NUMBER (if applicable)**
 _____ 1419619

STREET ADDRESS

CITY **STATE** **ZIP CODE**
 Encino CA 91436

Date of This Filing 12/19/2019

Report No. 12/18/2019

Amendment to Report No. _____
 (explain below)

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
12/18/2019	KarriAnn Khalil Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Practitioner AvaMD	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/16/2019	Patrick Y Challita DDS Inc. Sierra Madre, CA 91024	<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
12/18/2019	Connor R Williams Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Info Requested na	1,500.00 <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: _____

LEIDERMAN ASSOC

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12/19/2019 18:26

DEC-19-2019 03:59PM From: 3236554068

ID: CAMPAIGN FINANCE

Page: 001

R=96%

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NAME OF FILER John Harabedian for Supervisor 2020			Date of This Filing 12/19/2019	RECEIVED BY LOS ANGELES COUNTY 2019 DEC 19 PM 4:54 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
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