497 Contribution Report		Amounts may be rounded to whole dollars.	RECEIVED BY 497 CONTRIBUTION REPOR
NAME OF FILER		Date of	CALIFORNIA 497
MOTHERS FOR A SAFE LA COUNTY		This Filing04/17/2018	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		2018 APR 17 PM I2: 3 For Official Use Only
	1400771	Report No. <u>1</u>	CAMPAIGN FINANCE
STREET ADDRESS		Amendment     to Report No.	- DAM M PAREN I TO TO TA
CITY	STATE ZIP C	ODE (explain below) No. of Pages3	-

# 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
04/16/2018	Armik Armen Aslanian		Co-Owner Woodland Hills Fireside BBQ & Appliances	1,000.00
				Check if Loan
04/16/2018	Zareh Aslanian	IND       □     COM       □     OTH       □     PTY       □     SCC	Owner Woodland Hills Fireside BBQ & Appliances	1,000.00
04/16/2018	Arman Celik	X IND COM OTH PTY SCC	Rim & Tire Salesman Self Employed Business Owner	1,000.00 □ Check if Loan ─────% Provide interest rate

*Сол	tributor	Codes
001	inoutor	00000

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: \_\_\_\_

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

## **497 Contribution Report**

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#### Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of	Date Stamp	CALIFORNIA 497
MOTHERS FOR A SAFE LA COUNTY		This Filing04/17/2018		FORM <b>43</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <u>1</u>		For Official Use Only
STREET ADDRESS		Amendment to Report No		
CITY	STATE ZIP CODE	(explain below) No. of Pages3		

## 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
04/16/2018	Rami Khoury	IND COM OTH	Import/Export Khoury Rami	2 , 000 . 00
				Provide interest rate
04/16/2018	Mike Kobeissi	<ul> <li>☑ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> </ul>	Property Manager Kobeissi Properties	1,000.00
				% Provide interest rate
04/16/2018 Jake	Jake Paul		CEO 10 Digital Media	2,000.00
	· · ·		· · ·	Check if Loan
				Provide interest rate

*Contributor	Codes
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Reason for Amendment:

# 497 Contribution Report

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### Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER MOTHERS FOR A SAFE LA COUNTY		Date of This Filing04/17/2018	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 1		For Official Use Only
STREET ADDRESS		Amendment to Report No.		
СІТҮ	STATE ZIP CODE	(explain below) No. of Pages3		

### 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
04/16/2018	Sam Zaman	IND COM OTH PTY SCC	Owner Black & White Rent A Car	1,500.01
		□ IND □ COM □ OTH □ PTY □ SCC		Provide interest rate
		□ IND □ COM □ OTH □ PTY □ SCC		Check if Loan

\*Contributor Codes

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Reason for Amendment: