

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER John Karabedian for Supervisor 2020			Date of This Filing 03/02/2020	Date Stamp 2020 MAR -2 PM 5: 32	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1419619		Report No. 02/28/2020	PROPOSITION B UNIT	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encino	STATE CA	ZIP CODE 91436	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
02/28/2020	Charles Resor Boston, MA 02111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	P Tnc	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
02/28/2020	Charles Resor Boston, MA 02111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MD Tnc	500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide Interest rate

Reason for Amendment: _____

*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