NAME OF FILER			Date of		Date Stamp CALIE	LIFORNIA 407	
Rodriguez for	Los Angeles Sherif	£ 2022	This Filing _	04/01/2022 767		RM 497 r Official Use Only	
AREA CODE/PHONE I	NUMBER	I.D. NUMBER (if applicable)	Report No. 2	022-7	OPOSITION B UNIT		
(626)222-3822 1439325				1 11	PLOSITION B ONLI		
STREET ADDRESS			Amendment to Report No				
ITY STATE ZIP CODE			(explain below)				
West Covina		CA 91791	No. of Pages	2			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL N	NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
03/31/2022	Gleam Industries	s, Inc.		☐ IND☐ COM☐ OTH☐ PTY		1,500.0	
	Beverly Hills, (CA 90212				☐ Check if Loan	
				□ scc		Provide interest rate	
03/31/2022	Lights Camera Location- Mano Handian				Owner	1,000.0	
	Tujunga, CA 9104	42		☐ IND☐ COM☐ SOTH☐ PTY☐ SCC	Lights Camera Location	☐ Check if Loan	
03/31/2022	Professional Plu	umbing Corporation				Provide interest rate	
03/31/2022	Glendale, CA 912		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		☐ Check if Loan		
						Provide interest rate	
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)	

497 Contribut	tion Report		Amount	s may be rounded to w	hole dollars.	RECEIVED BY	497 CONTRIBUTION REPORT	
NAME OF FILER Rodriguez for Lo	os Angeles Sheriff 2	022		This Filing 04/01/2022			CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				20	22 APR -4 AM 8: 15	For Official Use Only		
(626)222-3822 1439325			Report No. 2022-7		ROPOSITION B UNIT			
STREET ADDRESS				☐ Amendme to Report No.	nt			
CITY		STATE	ZIP CODE	(explain below) No. of Pages	2			
West Covina		CA	91791	No. of Pages				
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU		
03/31/2022	Elaine Dang Rosemead, CA 91770					Dental Assistant Dr. Do Dat Minh	1,500.00	
				-	□ PTY □ SCC		Provide interest rate	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————	
Reason for Amendo	ment:					*Contributor Codes IND – Individual COM – Recipient Comm OTH – Other (e.g., bus PTY – Political Party SCC – Small Contributor		