497 Contrib	ution Report		Amoun	its may be rounded to w	hole dollars.	REC	SEIVED BY	497 CC	ONTRIBUTION REPO	ORT
NAME OF FILER				Date of	4	O AN	Date Stamp	CALIFO		
VILLANUEVA FOR	R LOS ANGELES COUNTY S	HERIFF 2022		This Filing _	04/26/2022	1022 ADE		FOR		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					4	PROPOSITION B UNIT			Official Use Only	
(310)817-6679 1397275				Report No. 42622						
STREET ADDRESS				Amendment to Report No.		- CONTION DOM				
CITY	No. of		(explain below)	,						
Inglewood			90301	No. of Pages2						
1. Contributi	on(s) Received	E STREET ADDRESS A		ITDIRI ITOD	CONTRIBUTOR		IF AN INDIVIDUAL,		AMOUNT	
RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			RECEIVED	
04/25/2022	Marie Tan				X IND	Accountant Pinky Beverly Hills			1,500	.00
	Glendale, CA 91205		COM OTH PTY SCC			☐ Check if Loar	n %			
								Provide interest ra	ate	
04/25/2022	Joseph Eli Markus				X IND	Attorney Law Ofices of Stein & Markus		1,500	1.00	
	Bellflower, CA 9070		COM OTH			☐ Check if Loar	n			
	Non-Monetary Contribution				☐ PTY ☐ SCC					_% ate
04/25/2022	Kosti Shirvanian				X IND	Owner Komar Investments		1,500	00.0	
	Newport Beach, CA 9		COM OTH PTY SCC	Romai investments			Check if Loar	_%		
Reason for Amer	ndment:					_	*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut	isiness enti	ity)	C)

497 Contrib	ution Report		Amounts may be rounded to	whole dollars.	RECEIVED BY	497 CONTRIBUTION REPORT	
NAME OF FILER	LOS ANGELES COUNTY SE	IERIFF 2022	Date of This Filing	04/26/2022	A Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE I		I.D. NUMBER (if applicable)		21	22 APR 26 PM 2: 05	For Official Use Only	
(310) 817-6679 1397275 STREET ADDRESS			Report No. 4	ent	22 APR 26 PM 2: 05 4/26/22 EV. ROPOSITION B UNIT		
CITY	STATE ZIP CODE		to Report No (explain below) No. of Pages				
Inglewood		CA 90	301 No. of Fages				
1. Contributi	on(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 EMP (IF SELF-EMPLOYED, ENTER NAME OF I		
04/26/2022	David Cooley			X IND	President Abbey	1,500.00	
	West Hollywood, CA	90046		COM OTH PTY	☐ Check if Loan		
				□ scc		Provide interest rate	
04/26/2022	Cassandra Vandneber	9		X IND	Consultant Self-Employed - No Separ	1,000.00	
	Long Beach, CA 9080	7		COM OTH PTY	Business Name	☐ Check if Loan	
				□ scc		Provide interest rate	
04/26/2022	Angeles Shooting Ra	nges, Inc		☐ IND		1,000.00	
	Sylmar, CA 91342			COM OTH PTY	COM CH		
				□ scc		Provide interest rate	
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut		