497 Contribu	ution Report		Amounts	s may be rounded to w	nhole dollars.	RECEIVED BY IS ANGELES COUNTY 497 CO	ONTRIBUTION REPORT	
NAME OF FILER				Date of		Dale Stamp CALIFO	DRNIA 407	
VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022				This Filing _	10/08/2022 /	022 OCT 11 AM 8: 04 FOR	RM 49/	
AREA CODE/PHONE NUMBER (If applicable)			ole)	Depart No. 16	0822	ROPOSITION BUNIT	For Official Use Only	
(310)817-6679 1397275			275 Report No. 10		0022	KOPUSITION B UNIT		
STREET ADDRESS				☐ Amendme to Report No				
CITY STATE ZIP CODE			ZIP CODE	(explain below)			•	
Inglewood	ewood CA 90301			No. of Pages	2			
1. Contribution	on(s) Received					IF AN INDIVIDUAL	T	
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	
10/07/2022	Ziad Diab Encino, CA 91316				IND □ COM	Real Estate Investor Self-Employed - No Separate Business Name	1,000.00	
					OTH PTY SCC		Check if Loan	
							Provide interest rate	
10/07/2022	Onnik Mehrabian Los Angeles, CA 900	65			IND COM OTH PTY SCC	President Auto Auction Group, Inc.	1,000.00	
							Provide interest rate	
10/07/2022	Zareh Galadzhyan Burbank, CA 91501				IND COM	Managing Partner ServiceMaster Fire & Water Cleanup	1,000.00	
****					☐ PTY ☐ SCC		Provide interest rate	
Reason for Amend	dment:					*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	ity)	

497 Contribu	ution Report		Amounts ma	ay be rounded to w	hole dollars,	REC	EIVED BY	497 CO	NTRIBUTION REPORT	
NAME OF FILER VILLANUEVA FOR	LOS ANGELES COUNTY		Date of This Filing	10/08/2022	SANG	G C Date Stabou UNIY				
AREA CODE/PHONE NUMBER (310) 817 - 6679  STREET ADDRESS  1.D. NUMBER (d applicable) 1397275			e)	Report No. 10		ROPOS	AFRICE LE AM R: OL.		or Official Use Only	
CITY	STATE ZIP CODE  CA 90301			(explain below)  No. of Pages2						
1. Contribution	on(s) Received									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMM!TTEE ALSO ENTER LD NUMBER)			UTOR	CONTRIBUTOR	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)			AMOUNT RECEIVED	
10/07/2022	Mariana Demirchva Chatsworth, CA 91				X IND COM OTH PTY SCC		Executive Officer to Coast Restoratio	on.	1,500.00	
10/07/2022	Nerses Kazarvan Glendale, CA 9120	5			X IND COM OTH PTY SCC	Account Arka P	tant roperties Group		1,000.00  Check if Loan  Provide interest rate	
10/07/2022	Craig Brill Los Angeles, CA 9	0048			IND COM OTH PTY SCC	Canine Dogspor	Recreation Provide rt	r	1,000.00  Check if Loan  % Provide interest rate	
Reason for Amend	dment:						*Contributor Codes IND – Individual COM – Recipient Comi OTH – Other (e.g., but PTY – Political Party SCC – Small Contributo	siness entity	y)	