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NAME OF FILER Ridley-Thomas Officeholder		Date of This Filing 05/27/2016 ANGELES COUNTY	
AREA CODE/PHONE NUMBER	I.D. NUMBER (Fappleable)	Report No. LCR-20160526 AY 3 AM 9: 37	For Official Use Only
STREET ADDRESS		The Amendment to Report No. CAMPAIGN FINANCE	
CITY	STATE ZIP CODE	(explain below) No. of Pages 3 1/3	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/26/2016	Mr. Jack Barbour M.D.	☑ IND ☐ COM ☐ OTH	Physician Self - Barbour & Floyd Medical Assocs	1000.00
	tD:	☐ PTY ☐ SCC		
05/26/2016	Mr. Gary M. Lu C.P.A.	IND □ COM □ OTH □ PTY	Certified Public Accounta- nt Self- Gary M. Lu CPA	1000.00
05/26/2016	Lura B. Peters	☐ SCC ☐ IND ☐ COM	Retired	1500.00
1	ID:	OTH PTY	Retired .	

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:				
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE •	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/26/2016	RAMI INC. dba AALPHA Pharmacy ID:	IND COM SOTH PTY SCC		1500.00

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OTH - Other	

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Reason for Amendment:	