

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Darrell Park for Supervisor 2020		Date of This Filing <u>2/27/2020</u>	RECEIVED BY LOS ANGELES COUNTY 2020 MAR -2 PM 5:31 PROPOSITION B UNIT <i>Ema</i> 2/27/2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-533-6058	I.D. NUMBER (if applicable) 1419559	Report No. <u>13</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fullerton	STATE CA	ZIP CODE 92835	No. of Pages <u>1</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
2/26/2020	Ramsey Eldib Granada Hills, CA 91344	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed	500 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Darrell Park for Supervisor 2020		Date of This Filing <u>2/27/2020</u>	Report No. <u>13</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	RECEIVED BY LOS ANGELES COUNTY 2020 MAR -2 PM 5:31 PROPOSITION B UNIT <i>Email 2/27/2020</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-533-6058	I.D. NUMBER (if applicable) 1419559	STREET ADDRESS _____ _____		CITY Fullerton STATE CA ZIP CODE 92835			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>

Reason for Amendment: _____