


Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing 10/28/2008	Received by Los Angeles County Date Stamp OCT 30 AM 8 '09	 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. LCR-810278	Campaign Finance Disclosure Section No. of Pages 3	
STREET ADDRESS		Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	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 SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/27/2008 	Mr. Philip Angelides ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pres/Owner Riverview Capital Investments	1000.00
10/27/2008 	Northrop Grumman ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
10/27/2008 	Mr. Frank Quevedo ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive So Cal Edison Company	1000.00

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

Reason for Amendment: _____

OCT 28 2008 9:58PM
 LDH YHRBROUGH, CPA
 P. 2
 323-299-0803

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LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas for Supervisor		Date of This Filing _____	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">497</div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1301987	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	2 / 3

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

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