

497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

CALIFORNIA FORM 497
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NAME OF FILER Mark Ridley-Thomas for Supervisor 2016		Date of This Filing 3/22/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1376007	Report No. 1
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.
CITY	STATE	ZIP CODE
		No. of Pages 2

1. Contributions 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 EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/21/2016	Yanka Burgos	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Yanka Burgos	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
03/21/2016	Douglas Engel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Engel & Engel, LLP	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
03/21/2016	Brad Gluckstein	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Apex Realty, Inc	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

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

FPPC Form 497 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

497 Contribution Report

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CALIFORNIA
FORM **497**

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NAME OF FILER Mark Ridley-Thomas for Supervisor 2016		Date of This Filing 3/22/2016
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1376007	Report No. 1
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.
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1. Contributions 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 EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/21/2016	Robert L. Harris	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Battalion Chief LACOFD	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
03/21/2016	Planned Parenthood Advocacy Project Los Angeles County Action Fund ID: 971616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

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