

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Ridley-Thomas Officeholder		Date of This Filing 05/27/2016	RECEIVED LOS ANGELES COUNTY MAY 31 AM 9:37 CAMPAIGN FINANCE	Date Stamp MAY 31 2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1314252	Report No. LCR-20160526			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY	STATE	ZIP CODE	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 SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/26/2016 	Mr. Jack Barbour M.D. ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self - Barbour & Floyd Medical Assocs	1000.00
05/26/2016 	Mr. Gary M. Lu C.P.A. ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant Self- Gary M. Lu CPA	1000.00
05/26/2016 	Lura B. Peters ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1500.00

***Contributor Codes**


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

Reason for Amendment: _____

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NAME OF FILER Ridley-Thomas Officeholder		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____	2 / 3		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1314252			For Official Use Only	
STREET ADDRESS					
CITY	STATE			ZIP CODE	

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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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
05/26/2016	RAMI INC. dba AALPHA Pharmacy ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00

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