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Reason for Amendment:

497 Contribution	Report	Amount	s may be rounded to wh	noie dollars.	RECEIVED BY			
NAME OF FILER Mark Ridley-Thomas for Supervisor 2016			Date of This Filling _	3/31/2016	S ANGELLES-GOUNT	CALIF	ORNIA 497	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 1376007	Report No. 1		2016 MAR 31 PM 4: 38		For Official Use Only	
STREFT ADDRESS		DAMENDAMENT CAMPAIGN FINANCE to Report No.						
CITY		STATE ZIP CODE	No. of Pages	1				
1. Contributio	ns Received							
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
03/30/2016	Kite Pharma			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			\$1,500.00 Check if Loan Provide interest rate	

*Contributor Codes

IND - Individual

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)
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www.fppc.ca.gov