Page:001

ID: CAMPAIGN FINANCE

MAY-26-2016 04:46PM From:2134526575

497 Contribution	Report	Amounts ma	y be rounded to who	ole dollars.	RECEIVED BY OS ANGELES COUNTY								
NAME OF FILER Mark Ridley-Tho	or 2016	Date of This Filing	5/26/2016	Dete Stamp 8: 44	CALIFORNIA 49	7							
AREA CODE/PHONE NUMBER    I.D. NUMBER (if applicable) 1376007			Report No.	1	CAMPAIGN FINANCE	For Official Use Only							
STREET ADDRESS			☐ Amendment to Report No.		UAI W.								
CITY STATE ZIP CODE		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 EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BU								
05/25/2016	Maxie Juzang			☑ IND □COM □OTH □PTY □SCC	President Healthcare Staffing Professionals, Inc.	\$250. Check if Los Provide interest	an						
05/25/2016	Diane Naegele			☑ IND □COM □OTH □PTY □SCC	Film Producer RJN Productions, Inc	\$1,500. Check if Loa Provide Interest	an						
05/25/2016	Christopher P Reynolds			☑ IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Toyota Motor Sales, U Inc.	\$1,500.	an						
Reason for Amendmen	t:				OTH - Other (e.g., busi PTY - Political Party SCC - Small Contribute		16) 72)						

ID: CAMPAIGN FINANCE

**497 Contribution Report** 

NAME OF FILER

2016-05-26 17:39

Mark Ridley-Thomas for Supervisor 2016			Date of This Filing _	5/26/2016	Date Stamp		ORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 137 6007			Report No.	1			or Official Use Only	
STREET ADDRESS			Amendment to Report No.					
СПҮ		STATE ZIP CO	DDE	No. of Pages	2			
1. Contributio	ns Received	V				-		20.00
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND ZIP CODE IF COMMITTEE, ALSO ENTER LD. NU	OF CONTRIBUT	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BU	ER ISINESS)	AMOUNT RECEIVED
05/25/2016	Virginia Ube	rroth			☑ IND □COM □OTH □PTY □SCC	Business Management Virginia Uberroth		\$1,000.00 Check if Loan % Provide interest rate
05/25/2016	James Woys				☑ IND □COM □OTH □PTY □SCC	Executive Health Net, Inc.		\$1,500.00  Check if Loan  Provide interest rate
Reason for Amendment	l:					*Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ess entity)	
							FPPC	Form 497 (Jan/2016) a.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

Date Stamp