

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

Date Stamp
2019 OCT 25 PM 2:40
PROPOSITION B UNIT

CALIFORNIA FORM 497 For Official Use Only

NAME OF FILER Ridley-Thomas Officeholder		Date of This Filing 10/22/2019
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1314252	Report No. 102219A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 2

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET 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)
10/21/2019	Los Angeles County Democratic Party - Issues & Advocacy Committee Los Angeles, CA 90010-2416 ID: 744554		\$1,235.00	11/05/2019

Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars

NAME OF FILER Ridley-Thomas Officcholder		Date of This Filing 10/22/2019	RECEIVED BY LOS ANGELES COUNTY 2019 OCT 25 PM 2:41 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1314252	Report No. 102219A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		
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
---------------	---	--------------------	--	-----------------

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 (Jul2016)
 FPPC Advice: advice@fppc.ca.gov (866)275-3772
 www.fppc.ca.gov