

497 Contribution Report **PROP 0000**

Amounts may be rounded to whole dollars.

0319-4-LC01

**NAME OF FILER**  
 .SURJ Action LA 2020

**AREA CODE/PHONE NUMBER** (845) 706-3340  
**I.D. NUMBER (if applicable)** 1418541

**STREET ADDRESS**

**CITY** Brooklyn **STATE** NY **ZIP CODE** 11201

**Date of This Filing** 12/20/2019

**Report No.** 1

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**No. of Pages** 1

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 CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

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GM1251

**1. Contribution(s) 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
12/19/2019	Don Levin Trust	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/19/2019	Laura Parilla Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Actor Self	3,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

Reason for Amendment: \_\_\_\_\_