

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> JAN PERRY FOR SUPERVISOR 2020 DISTRICT 2		<b>Date of This Filing</b> 02/04/2020	2020 FEB 5 AM 8:2 PROPOSITION B UN CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (323) 655-4065	<b>I.D. NUMBER (if applicable)</b> 1415080	<b>Report No.</b> 02/03/2020	
<b>STREET ADDRESS</b> Encino CA 9143		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>CITY</b> Encino	<b>STATE</b> CA	<b>ZIP CODE</b> 9143	
<b>No. of Pages</b> 1			

**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
02/03/2020	Michael Horne Hollywood, CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,000.00  <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
		<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

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