

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Committee to Re-Elect Jackie Lacey for District Attorney 2020		Date of This Filing 2/25/2020	Date Stamp 2020 FEB 26 PM 5:32	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1412585	Report No. 022520A	PROPOSITION B UNIT	
STREET ADDRESS CITY Los Angeles STATE CA ZIP CODE 90017		<input type="checkbox"/> Amendment to Report No. (explain below)		
		No. of Pages 1		

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
02/24/2020	724 West Knoll Plaza LLC Beverly Hills, CA 90212-1815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/24/2020	724 West Knoll Plaza LLC Beverly Hills, CA 90212-1815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/24/2020	Consumer Care Inc Los Angeles, CA 90047-3706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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

FPPC Form 497 (Jul/2016)
 FPPC Advice: advice@fppc.ca.gov (866)275-3772
 www.fppc.ca.gov

FEB-25-2020 09:08PM From:2134526575

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