

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
 LOS ANGELES COUNTY  
 Date Stamp  
 2019 DEC 24 AM 9:36  
 12/17/19 ①  
 PROPOSITION B UNIT

**CALIFORNIA FORM 497**  
 For Official Use Only

NAME OF FILER  
 Darrell Park for Supervisor 2020

AREA CODE/PHONE NUMBER  
 949-533-6058

I.D. NUMBER (if applicable)  
 1419559

STREET ADDRESS

CITY STATE ZIP CODE  
 Fullerton CA 92835

Date of This Filing 12/5/19

Report No. 1

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

No. of Pages \_\_\_\_\_

## 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
12/4/19	Bobby Colomby 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	Self Employed Music Management	\$1,500 <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

**\*\*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: \_\_\_\_\_