497 Contribu		Amount	s may be rounded to	whole dollars REC	FIVED DV	497 C	ONTRIBUTION REPORT	
NAME OF FILER		-	Date of	LUS ANGI	ELES COUNTY	CALIFORNIA 497		
	for Supervisor 2020	<u> </u>	This Filing	12/30/2019	The Could I	FO	FORM 491	
AREA CODE/PHONE NUMBER   I.D. NUMBER (if applicable)  (213) 452–6565   1414462			Dament No.	2019 DEC 3	30 PM 3: 28	For Official Use Only		
			Report No.	PROPOS				
STREET ADDRESS			Amenda to Report N		TION B UNIT			
CITY . STATE ZIP CODE		(explain below)			1			
Los Angeles		CA 90017	No. of Page	es2		1		
1. Contributio	on(s) Received							
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSOENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
12/27/2019	Song Guo			X IND	Homemaker N/A		1,000.00	
	Brea, CA 92821			СОМ	II/ A			
				OTH .			☐ Check if Loan	
			-	□ PTY				
				□ scc			Provide interest rate	
12/27/2019	Pheobe Chen Huang			X IND	President U.S. Sichuan Chamber of	Commarca	1,000.00	
	Arcadia, CA 91006			COM	. Sicham Chamber of	Commerce		
				□ отн			☐ Check if Loan	
				PTY	٠,			
				□ scc			Provide interest rate	
12/27/2019	Bin Li			X IND	Retired N/A		1,500,00	
	Irvine, CA 92614			СОМ	N/A			
				□ отн			☐ Check if Loan	
				□ PTY				
				□ scc			Provide interest rate	
					*Contributor Codes		. ]	
		•			IND Individual COM Recipient Cor	mmittee (oth	es than PTV or SCC)	
					OTH - Other (e.g., b	usiness enti		
Reason for Amend	ment:				PTY - Political Party		00	

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497 Contribu	ution Report	Amount	s may be rounded to w	hole dollars.	OS ANGELES CONTRACTOR	ONTRIBUTION REPOR
NAME OF FILER	for Supervisor 2020		Date of This Filing		Date Stamp COUNT CALIFO	
AREA CODE/PHONE N	<del></del>	I.D. NUMBER (#applicable)			3: 28 For	
(213) 452-6565	3) 452-6565		Report No. 123019A		PROPOSITION B UNIT	- Carry
STREET ADDRESS				nt		
CITY Los Angeles		STATE ZIP CODE  CA 90017	(explain below)  No. of Pages	2		
1. Contribution	n(s) Received					
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
-12/27/2019	Brenda Liou			X IND	President Dynashape Intima	1,500.0
	San Marino, CA 9100	8		COM OTH PTY SCC		☐ Check if Loan
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		□ Check if Loan  Provide interest rate
				IND   COM   OTH   PTY   SCC		☐ Check if Loan
Reason for Amend	dment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Committee	ty)

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