MAR-04-2020 05:00PM From:3236554068 ID:CAMPAIGN FINANCE Page:001 R=96%

02/07/2013 23:37 3236554068 LEIDERMAN ASSOC PAGE 01/01

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
JAN PERRY FOR SUPERVISOR 2020 DISTRICT 2		03/04/2020	2020 MAR -5 AM 9:	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 02/28/2020	PROPOSITION B UNIT	
(323)655-4065	1415080			
STREET ADDRESS		☐ Amendment to Report No. ____ (explain below)		
CITY / STATE / ZIP CODE		No. of Pages 1		
Encino CA 9143				

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
02/28/2020	Richard Bonneau Dana Point, CA 92629	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed n/a	1,500.00 ☐ Check if Loan ____% Provide interest rate
02/28/2020	Deanna Wilson Encino, CA 91316	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SLP LAUSD	1,000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____