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NAME OF FILER Committee to Re-Elect Jac	tie Lacey for District Attorney 2020	Date of This Filling 10/21/2019 OCT 22 AM 1: 40	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1412585	Report No. 102119APR POSITION BUNIT	For Official Use Only
STREET ADDRESS		Amendment to Report No.	
CITY Los Angeles	STATE ZIP CODE CA 90017	No. of Pages 2	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/30/2019	Los Angeles County Democratic Party - State Candidate Committee Los Angeles, CA 90010-2416 ID: 1237135		\$270.00	11/05/2019
10/18/2019	Los Angeles County Democratic Party - State Candidate Committee Los Angeles, CA 90010-2416 ID: 1237135		\$1,450.00	11/05/2019

Reason for Amendment:				
-				

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STREET ADDRESS		DAmendment to Report No. (explain below)	nt		Ì	
COTY Los Angeles	STATE ZIP CODE CA 90017	No. of Pages	2			
1. Contributions Rec	eived					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ror	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BI		MOUNT CEIVED
	X					

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

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