

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
497 CONTRIBUTION REPORT

NAME OF FILER JAN PERRY FOR SUPERVISOR 2020 DISTRICT 2			Date of This Filing 12/27/2019	Date Stamp 2019 DEC 27 PM 4:5	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [323] 655-4065	I.D. NUMBER (if applicable) 1415080		Report No. 12/27/2019		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encino	STATE CA	ZIP CODE 9143	No. of Pages 2		

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
12/26/2019	Frank Ephriam Compton, CA 90221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Frank Ephriam	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/26/2019	Rick Powell Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Ashsekle	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/27/2019	Craig Crawford Los Angeles, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Sadler Medical Group Inc.	1,000.00 <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: _____

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CALIFORNIA
FORM **497**
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NAME OF FILER JAN PERRY FOR SUPERVISOR 2020 DISTRICT 2			Date of This Filing 12/27/2019	Date Stamp 2019 DEC 27 PM 4:57
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1415080		Report No. 12/27/2019 PROPOSITION B UNIT	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Encino	STATE CA	ZIP CODE 9143	No. of Pages 2	

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
12/27/2019	David Ikegami Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Taira Investments	1,500.00 <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

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