

497 Contribution Report

Amounts may be rounded to whole dollars

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497 CONTRIBUTION REPORT

NAME OF FILER SURJ Action LA 2020		Date of This Filing 01/14/2020 2020 JAN 15 AM 11:32	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (845) 706-3340	I.D. NUMBER (if applicable) 1418541	Report No. 3 PROPOSITION B UNIT	
STREET ADDRESS CITY: Brooklyn STATE: NY ZIP CODE: 11201		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
		No. of Pages 1	

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
01/14/2020	Gina Viola Peake Los Angeles, CA 90068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Trade Show Temps	1,050.00 <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

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