

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Darrell Park for Supervisor 2020		<b>Date of This Filing</b> 3/3/2020	Date Stamp <b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> 15 2020 MAR -9 PM 4:52 <b>PROPOSITION B UNIT</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 949-533-6058	<b>I.D. NUMBER (if applicable)</b> 1419559	<b>Report No.</b> _____	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>STREET ADDRESS</b>  		<b>No. of Pages</b> 1		
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92835		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
3/2/2020	Asif Mahmood Bradbury, CA 91008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pulmonary & Hospitalist Association Physician	500  <input type="checkbox"/> Check if Loan _____% Provide interest rate
3/2/2020	Luis Lainer Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lainer Development Inc Real Estate Management	1000  <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

**\*\*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: \_\_\_\_\_  
 \_\_\_\_\_