ID: CAMPAIGN FINANCE

## 497 Contribution Report

Amounts may be rounded to whole dollars.

## RECEIVED BY LOS ANGELES COUNTY

	Amounts ma	ay be rounded to whole dollars.	THE PROPERTY OF THE PROPERTY O	
NAME OF FILER Committee to Re-Ele	ect Jackie Lacey for District Attorney 2020	Date of This Filing 8/10/2020	2020 AUG 11 AH 9: 50	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1412585	Report No. 081020A	PROPOSITION B UNIT	For Official Use Only
STREET ADDRESS		The Amendment to Report No. (explain below)		
CITY Los Angeles	STATE ZIP CODE CA 90017	No. of Pages 2	<u> </u>	
1. Contributions F	Received			
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBL	JTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO	YER AMOUNT

## (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) **☑** IND \$1,500.00 СОМ Jalal Boloorchi Business Owner ПОТН Check if Loan 08/08/2020 American Shipping Inc. □PTY Santa Monica, CA 90401-2002 SCC Provide interest rate **✓** IND \$1,500.00 СОМ Ted DeGroot Manager □отн Check if Loan 08/07/2020 Rockview Farms □PTY Long Beach, CA 90815-4740 SCC Provide interest rate **✓** IND \$1,500.00 СОМ Drake Kennedy Advertising □отн Check if Loan 08/07/2020 Regency □ PTY Rancho Palos Verdes, CA 90275-6448 SCC 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

FPPC Form 497 (Jul/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov 2020/08/10 22:00:46

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Stephanie Kennedy

Rancho Palos Verdes, CA 90275-6448

08/07/2020

Reason for Amendment:

13

Check if Loan

Provide interest rate

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497 Contributio	Amounts m	y be rounded to whole dollars.  RECEIVED BY LOS ANGELES COUNTY				
NAME OF FILER Committee to Re-Elect Jackie Lacey for District Attorney 2020			Date of This Filing _	8/10/2020	Date Stamp CALIF	FORM 497
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1. Contribution	ons Received					
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		UTOR CONTRIBUT		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
	Stephanie K	ennedy	9	✓ IND		\$1,500.00

	 	 _

\*Contributor Codes

IND - Individual

Homemaker

N/A

ПОТН

□PTY

□scc

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