

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
**LOS ANGELES COUNTY**  
 Date Stamp  
**2020 JAN 27 PM 5:36**  
**PROPOSITION B UNIT**

**CALIFORNIA FORM 497**  
 For Official Use Only

NAME OF FILER  
**Jeong for County Supervisor 2020**

AREA CODE/PHONE NUMBER  
**818-246-9524**

I.D. NUMBER (if applicable)  
**1418305**

STREET ADDRESS

CITY STATE ZIP CODE  
**Glendale CA 91207**

Date of This Filing  
**1/27/2020**

Report No.  
**3**

Amendment to Report No. (explain below)  
**1**

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
1/27/2020	Seoul Medical Group, Inc. Los Angeles, CA 90006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500 <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

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

P 1 / 1  
 8182469588  
 The Counting House  
 Jan. 27. 2020 05:50 PM

R=96%  
 Page: 001  
 ID: CAMPAIGN FINANCE  
 JAN-27-2020 04:50PM From: 8182469588