

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY

NAME OF FILER JAN PERRY FOR SUPERVISOR 2020 DISTRICT 2		Date of This Filing 02/25/2020	2020 FEB 25 PM CALIFORNIA FORM 497 For Official Use Only PROPOSITION B UNIT
AREA CODE/PHONE NUMBER (323) 655-4065	I.D. NUMBER (if applicable) 1415080	Report No. 02/24/20	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1
CITY Encino	STATE CA		

## 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
02/24/2020	Lisa Korbatov Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Manager Fisch Properties	1,000.00  <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