2020/10/10 01:15:01

ID: CAMPAIGN FINANCE

497 Contribution	Report		Amounts ma	y be rounded to who	ole dollars.	LOS ANGELES COUNTY	
NAME OF FILER Committee to Re	e-Elect Jackie La	cey for Distric	t Attorney 2020	Date of This Filing	10/9/2020	Date Stamp CALIF	ORNIA 497
AREA CODE/PHONE NUMBER (1.D. NUMBER (if applicable) (213) 452-6565 (1412585			Report No. 100920A		PROPOSITION B UNIT	or Official Use Only	
STREET ADDRESS			Amendment to Report No. (explain below)		OUTTON B UNIT		
CITY Los Angeles		STATE CA	ZIP CODE 90017	No. of Pages	2		
1. Contribution	ns Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/08/2020	Judith Campbell Los Angeles, CA 90036-3038		IND COM	Retired N/A	\$1,000.00 Check if Loan Provide interest rate		
10/08/2020	Royal Scott LaChasse Newhall, CA 91321-3535			☑ IND □COM □OTH □PTY □SCC	Chief of Police Burbank Police Department	\$1,500.00 Check if Loan % Provide Interest rate	
10/08/2020	Scott Olson Seal Beach, CA 90740-6371				☑ IND □COM □OTH □PTY □SCC	Real Estate Broker C-Store Realty, Inc.	\$1,500.00 Check if Loan % Provide interest rate
Reason for Amendme	nt:					*Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	v)

FPPC Form 497 (Jul/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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ID: CAMPAIGN FINANCE

NAME OF FULER Committee to Re-Elect Jackie Lacey for District Attorney 2020			Date of This Filing _	10/9/2020	DOCT 13 AM 8: 36	FORM 497		
AREA CODE/PHONE NUMBER (213) 452-6565 STREET ADDRESS		I.D. NUMBER (if applicable) 1412585		Report No.	100920A	OPOSITION B UNIT	For Official Use Only	
CITY Los Angeles		STATE CA	ZIP CODE 90017	to Report No. (explain below) No. of Pages	2			
1. Contribution	ns Received							
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		гоя	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/08/2020	Sunmin Park	nin Park MD A California Medical			☐ IND ☐ COM ☑ OTH ☐ PTY			\$1,500.00
	Los Angeles	s Angeles, CA 90006-2699						Provide interest rate

Reason for Amenciment:	
neason for Atleticanistit,	

*Contributor Codes

IND - Individual
ICOM - Recipient Committee (other than PTY o SC C)
IOTH - Other (e.g., business entity)
IPTY - Political Party

SCC - Small Contributor Committee

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