

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
PE 24  
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497 CONTRIBUTION REPORT

NAME OF FILER Micah Ali for Compton School Board 2024			Date of This Filing <u>03/02/2024</u>	Date Stamp 2024 MAR -4 AM 9:01 3/2/24 ENAL CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only 016046 C07961
AREA CODE/PHONE NUMBER (424) 704-1308	I.D. NUMBER (if applicable) 1293081		Report No. <u>19</u>		
STREET ADDRESS c/o			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Covina	STATE CA	ZIP CODE 91722	No. of Pages <u>1</u>		

## 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
03/02/2024	Tim Mandia View ParkWindsor Hills, CA 90043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President And Ceo St Johns Community Health	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