

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

LC01
PE24

NAME OF FILER Micah Ali for Compton School Board 2024		Date of This Filing 01/20/2024	Date Stamp 2024 JAN 22 AM 8:5	CALIFORNIA FORM 497 For Official Use Only 016646 COTA61
AREA CODE/PHONE NUMBER (424) 704-1308	I.D. NUMBER (if applicable) 1293081	Report No. 9	CANPAIGN FINANCE 1/20/24 EMAIL	
STREET ADDRESS c/o		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Covina	STATE CA	ZIP CODE 91722	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
01/19/2024	Winston G. Knight Corona, CA 92879	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Proprietor Fairview Plumbing	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/19/2024	Rhonda Freeman Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Administrator SelfEmployed	2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/19/2024	Wendy Hunt Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Paramount Unified School District	5,000.00 <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: _____