

# 497 Contribution Report

Amounts may be rounded to whole dollars.

LC02 0151-4  
400 6/22/21

NAME OF FILER RICHARD LEGASPI FOR SCHOOL BOARD 2021			Date of This Filing 05/24/2022	<b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b>  <b>2021 JUN 22 PM 4:47</b>  <b>CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 497</b>  For Official Use Only  012858 C11566
AREA CODE/PHONE NUMBER 5628640945	I.D. NUMBER (if applicable) 1438166		Report No. 2		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)  No. of Pages 1		
CITY NORWALK	STATE CA	ZIP CODE 90650			

## 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
05/22/2021	RICHARD LEGASPI  NORWALK, CA 90650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AMERICAN PROMOTION  FULLERTON, CA	2,000.00  <input checked="" type="checkbox"/> Check if Loan 0 _____% Provide interest rate
06/16/2021	NATALIE LEGASPI  NORWALK, CA 90650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	4000.00  <input checked="" type="checkbox"/> Check if Loan 0 _____% 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

dc