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10-17-2024
08:31:11 p.m.

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER PATTERSON FOR CITY COUNCIL 2024		Date of This Filing <u>10/17/2024</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1422740	Report No. <u>101724</u>	RECEIVED 2024 OCT 18 P 12:02 CITY CLERK DEPARTMENT	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Inglewood	STATE CA	ZIP CODE 90301	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/17/2024	Patterson for Mayor 2024 [REDACTED] Inglewood, CA 90301	L. David Patterson Mayor City of Hawthorne	3,500.00	11/05/2024

Reason for Amendment: _____

