

497 Contribution Report

Amounts may be rounded to whole dollars.

LC01 0137-4
400 6/22/21

NAME OF FILER RICHARD LEGASPI FOR SCHOOL BOARD 2021		Date of This Filing 05/24/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 012858 C11566
AREA CODE/PHONE NUMBER 5628640945	I.D. NUMBER (if applicable) 1438166	Report No. 1-A	RECEIVED BY LOS ANGELES COUNTY 2021 JUN 22 PM 4:48 CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 1 (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	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	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: CHECK WAS SIGNED BY NATALIE LEGASPI SO I SHOULD HAVE REPORTED IT IN

her name Not loan to self.

* 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

