

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Richardson Bailey for School Board 2022			Date of This Filing 10/27/2022	Date Stamp RECEIVED BY LOS ANGELES CO.	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-644-0701	I.D. NUMBER (if applicable) 1452631		Report No. 9		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	2022 OCT 27 AM 11:21 CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY Pasadena	STATE CA	ZIP CODE 91104			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/26/2022	Titan Disposal Co., Inc. Pasadena, CA 91103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$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