

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER RICHARD LEGASPI FOR SCHOOL BOARD 2021			Date of This Filing 07/01/21	RECEIVED BY LOS ANGELES COUNTY 2021 JUL -6 AM 9:26 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only 012858 C11566
AREA CODE/PHONE NUMBER 5628640945	I.D. NUMBER (if applicable) 1438166		Report No. 4		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY NORWALK	STATE CA	ZIP CODE 90650	No. of Pages 2		

## 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
06/24/2021	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

Reason for Amendment: RECEIVED LOAN FROM NATALIE LEGASPI ON JUNE 24, 2021

\* 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

0137-4

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

NAME OF FILER  
RICHARD LEGASPI FOR SCHOOL BOARD 2021

AREA CODE/PHONE NUMBER  
5628640945

I.D. NUMBER (if applicable)  
1438166

STREET ADDRESS

CITY  
NORWALK

STATE  
CA

ZIP CODE  
90650

Date of This Filing  
07/01/21

Report No.  
4

Amendment to Report No. (explain below)

No. of Pages  
2

LOS ANGELES COUNTY  
2021 JUL -6 AM 9:26  
CAMPAGN FINANCE

CALIFORNIA FORM 497  
For Official Use Only  
012858  
C11566

## 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
07/01/2021	CERTIFIED ROOFING APPLICATIONS, INC. NORWALK., CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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

d/c