

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
PATTERSON FOR MAYOR 2024

AREA CODE/PHONE NUMBER
[REDACTED]

I.D. NUMBER (if applicable)
1469098

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Inglewood CA 90301

Date of This Filing 10/30/2024

Report No. 103024

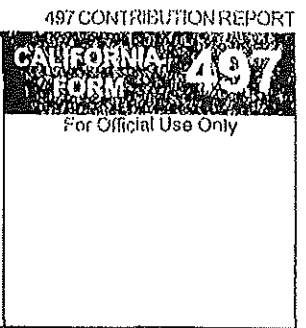
Amendment to Report No. _____
(explain below)

No. of Pages 1

Date Stamp

RECEIVED

2024 OCT 30 P 4:49



1. Contribution(s) Received

CITY CLERK DEPARTMENT

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
10/30/2024	Williams-Hunter for City Council 2024 [REDACTED] Inglewood, CA 90301 Committee ID # 1471102	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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

*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

Reason for Amendment: _____

