

497 Contribution Report

Amounts may be rounded to whole dollars.

LC01
0218-4

NAME OF FILER Raquel Derfler for Antelope Valley Union High School District 2022			Date of This Filing <u>10/31/2022</u>	RECEIVED BY Date Stamp 2022 OCT 31 PM 4:05 CAMPAIGN FINANCE DISCLOSURE SECTION 10/31/22 EMAIL	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 917-6629	I.D. NUMBER (if applicable) 1453283	Report No. <u>103122-1</u>			
STREET ADDRESS _____					
CITY Palmdale	STATE CA	ZIP CODE 93550	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>1</u>					

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
10/29/2022	Tanyanika Phillips Rosamond, CA 93560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician City Of Hope	1,047.64 <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: _____
