

497 Contribution Report

Amounts may be rounded to whole dollars.

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 CAMPAIGN FINANCE

CALIFORNIA FORM 497
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NAME OF FILER
 Committee to Re-Elect Joe Radabaugh LCUSD Govering Board 2022

AREA CODE/PHONE NUMBER
 626-975-1125

I.D. NUMBER (if applicable)
 1446774

STREET ADDRESS

CITY STATE ZIP CODE
 La Canada CA 91011

Date of This Filing 9-14-22

Report No. 2022

Amendment to Report No. (explain below)

No. of Pages 1

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
9/15/22	Dr. Feliciano Serrano and Yesenia Serrano La Canada, CA. 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed: Surgeon	1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/15/22	James J. Radabaugh and Christina Radabaugh La Canada, CA. 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James: Self Employeed TeamRadLLC Christina - Consultant Bain	5,000 <input checked="" 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