

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY **LOS ANGELES CO** 497 CONTRIBUTION REPORT
 Date Stamp **2022 OCT 11 AM 9:25**
CALIFORNIA FORM 497
 For Official Use Only
 CAMPAIGN FINANCE
 10/10/22 EMAIL

NAME OF FILER
Dr. Sara Deen for School Board 2022

AREA CODE/PHONE NUMBER (562) 983-0815
I.D. NUMBER (if applicable) 1439673

STREET ADDRESS

CITY Long Beach **STATE** CA **ZIP CODE** 90802

Date of This Filing 10/10/2022

Report No. 10-10-SD

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
10/09/2022	Eric Milefchik Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Milefchik Rand Medical Group	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