

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

L001
5724

NAME OF FILER Ordonez for Water Board 2024			Date of This Filing <u>04/05/2024</u>	Date Stamp 2024 APR -9 AM 11:05	CALIFORNIA FORM 497 For Official Use Only 020414 *C11969
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (# applicable)		Report No. <u>1</u>	CAMPAIGN FINANCE 4/5/24 EMAIL	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Norwalk	STATE CA	ZIP CODE 90650	No. of Pages <u>1</u>		

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
04/05/2024	Max A. Ordonez Whittier, CA 90604 LOAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Imm Management	5,000.00 <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