

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

6E24

497 CONTRIBUTION REPORT

NAME OF FILER SALAZAR FOR HLPUSD BOARD 2024		Date of This Filing 9/13/24	RECEIVED BY US AN... 2024 SEP 13 PM 4:37 CAMPAIGN FINANCE	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 020760 C12051
AREA CODE/PHONE NUMBER 909-583-4200	I.D. NUMBER (if applicable) 1471158	Report No. 1			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY HACIENDA HEIGHTS	STATE CA	ZIP CODE 91745			

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
9/4/24	ANDY GUO HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNEMPLOYED	\$1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
9/5/24	BRENDA LEE HACIENDA HEIGHTS, CA 91745	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEALTHCARE UCI MEDICAL	\$1000.00 <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

****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: _____

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