

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

|   |   |                          |   |   |   |
|---|---|--------------------------|---|---|---|
| <b>NAME OF FILER</b><br>Marisol Cruz for Lennox School Board 2024 |   |                          | <b>Date of This Filing</b> 09/19/2024   | Date Stamp<br>2024 SEP 20 AM 9:<br>CAMPAIGN FINANCE | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(424) 334-9170                   | <b>I.D. NUMBER (if applicable)</b><br>1474246 | <b>Report No.</b> 1      |   |   |   |
| <b>STREET ADDRESS</b>   |   |                          | <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 1<br>(explain below) |   |   |
| <b>CITY</b><br>Covina   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>91722 | <b>No. of Pages</b> 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   |
|---------------|--|---|--|---|
| 09/19/2024    | Marisol Cruz<br>Inglewood, CA 90304<br><br>This is a loan                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Medical Case Worker II<br>Los Angeles County Department of Health Services                 | 2,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                 |

Reason for Amendment: Amend report to include missing information

\*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