

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  
HIGH DESERT TAXPAYER ADVOCATES

AREA CODE/PHONE NUMBER  
661-917-0917

I.D. NUMBER (If applicable)  
1473790

STREET ADDRESS

CITY STATE ZIP CODE  
LEONA VALLEY, CA 93551

Date of This Filing 09/19/2024 05:26

Report No. 2

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

RECEIVED BY  
SAN DIEGO COUNTY  
2024 SEP 20 AM 11:15  
CAMPAIGN FINANCE

**CALIFORNIA FORM 497**

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## 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
2024-09-18	ANTELOPE VALLEY AUTO CENTER DEALERS ASSOCIATION INC. PALMDALE, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		48,000.00 <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

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<b>NAME OF FILER</b> HIGH DESERT TAXPAYER ADVOCATES		<b>Date of This Filing</b> 09/19/2024 05:26  <b>Report No.</b> _____  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	Date Stamp   <div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 661-917-0917	<b>I.D. NUMBER (if applicable)</b> 1473790		
<b>STREET ADDRESS</b>  _____			
<b>CITY</b> LEONA VALLEY, CA 93551	<b>STATE</b> CA	<b>ZIP CODE</b> 93551	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: \_\_\_\_\_