

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

|  |             |  |  |  |  |  |                            |  |
|--|-------------|--|--|--|--|--|----------------------------|--|
| <b>NAME OF FILER</b><br>Voters for Good Government |             |  | <b>Date of This Filing</b> <u>10/11/2024</u>                                     |  | <b>Date Stamp</b>  |  | <b>CALIFORNIA FORM 496</b> |  |
| AREA CODE/PHONE NUMBER<br>(213) 489-4792           |             | I.D. NUMBER (if applicable)<br>1334265 | <b>Report No.</b> <u>13</u>  |  | E-Filed<br>10/11/2024<br>13:25:44<br><br>Filing ID:<br>212289626 |  | For Official Use Only      |  |
| STREET ADDRESS                                     |             |  | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |  |  |  |                            |  |
| CITY<br>Norwalk                                    | STATE<br>CA | ZIP CODE<br>90650                      | <b>No. of Pages</b> <u>1</u>   |  |  |  |                            |  |

## 1. List Only One Candidate or Ballot Measure

|   |              |  |                                    |  |              |                                     |                                    |
|---|--------------|--|------------------------------------|--|--------------|-------------------------------------|------------------------------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Rita Soto    |              |  |                                    | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |              |                                     |                                    |
| OFFICE SOUGHT OR HELD<br>City Council Member: City of Lynwood | DISTRICT NO. | SUPPORT<br><input checked="" type="checkbox"/> | OPPOSE<br><input type="checkbox"/> | BALLOT NO./LETTER                                  | JURISDICTION | SUPPORT<br><input type="checkbox"/> | OPPOSE<br><input type="checkbox"/> |

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE       | DESCRIPTION OF EXPENDITURE                          | AMOUNT   |
|------------|---|----------|
| 10/11/2024 | Field Program<br>Cumulative to date total \$2869.35 | 1,083.33 |
|            |   |          |
|            |   |          |
|            |   |          |
|            |   |          |

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