

497 Contribution Report

Amounts may be rounded to whole dollars.

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AREA CODE/PHONE NUMBER (562)921-0202	I.D. NUMBER (if applicable) N/A	Report No. <u>5</u>	CAMPAIGN FINANCE	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	10/14/24 EMAIL	M19648
CITY Garden Grove	STATE CA	ZIP CODE 92841		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/13/2024	California Families for Progressive Leadership ID# 1431638	City of Pico Rivera Municipal Election	\$1,000.00	11/05/2024

Reason for Amendment: _____
