

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY

NAME OF FILER Committee for the Re-Election of Dr. Ron Parazo, Antelope Valley Healthcare District 2022  
 AREA CODE/PHONE NUMBER 661-726-3815 I.D. NUMBER (if applicable) \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY Lancaster STATE CA ZIP CODE 93534

Date of This Filing 10/27/22  
 Report No. 001  
 Amendment to Report No. \_\_\_\_\_ (explain below)  
 No. of Pages 1

LOS ANGELES  
 Date-Stamp OCT 27 AM 11:21  
 2022  
 CAMPAIGN FINANCE DISCLOSURE SECTION

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
10/26/22	Californians for a Better Future Irvine, CA 92618 ID# 1420444	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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
		<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: \_\_\_\_\_