

**497 Contribution Report**

Amounts may be rounded to whole dollars.

NAME OF FILER Beth Rivas for El Monte City School Board 2022		Date of This Filing 10-8-2022	RECEIVED LOS ANGELES 2022 OCT 11 AM 9:25 CALIFORNIA FORM 497 Official Use Only CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER 626-454-3465	I.D. NUMBER (if applicable) 1455041	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	
CITY Temple City	STATE CA	ZIP CODE 91780	

**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
10-7-2022	Stephen Hake  Temple City, CA 91780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1000  <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

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