

0218

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Michael S Gagan		Date of This Filing 9/6/22	Date Stamp 2022 SEP -6 PM 12:00 email 09/06/2022 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only  M19640
AREA CODE/PHONE NUMBER 213-280-8541	I.D. NUMBER (if applicable)	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90015	No. of Pages _____	

## 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)
9/6/22	Vera Robles DeWitt 4 Carson City Clerk  Carson, CA ID #1440343	Carson City Clerk Los Angeles County	\$1,000	11/8/22

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

dc