497 Contribu	ution Report Amounts may	be rounded to w	hole dollars.		
NAME OF FILER AREA CODE/PHONE NI	Date of This Filling Report No		Date Stamp CALIFOR FORM For O		
CITY CODE STATE ZIP CODE		Amendment to Report No (explain below) No. of Pages		08/06/2022 RCVD	
I. Contribution(s	s) Received				
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT
28/05	Lupe Acosta Indio UA 92201			Nurse Warrer Care	DOO Check If Loan Provide Interest rate
					Check if Loan Check if Loan Provide Interest rate
			日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日		Check if Loan Provide Interest rate
son for Amendmen	nt:			* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee	1)

FPPC Form 497 (Feb/2019)
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