## 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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NAME OF FILER		Date of	Date Stamp	CALIFORNIA 496			
Latino Families for Good Government		This Filing		FORM 490			
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)			For Official Use Only			
(916)285-5733	1444806	Report No. <u>544346-LG</u>	RECEIVED				
STREET ADDRESS			RECEIVED				
1787 Tribute Road, Suite K		Amendment to Report No	OCT 2 7 2022	#3			
CITY	STATE ZIPCODE	(explain below)		<u> </u>			
Sacramento	CA 95815	No. of Pages1					

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
DISTRICT NO.	SUPPORT	OPPOSE		BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
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	DISTRICT NO.	DISTRICT NO. SUPPORT	v	DISTRICT NO. SUPPORT OPPOSE	DISTRICT NO. SUPPORT OPPOSE BALLOT NO./LETTER		DISTRICT NO. SUPPORT OPPOSE BALLOT NO./LETTER JURISDICTION SUPPORT	

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2022	Mailer (Estimated Costs) Cumulative to date total \$28512.00	9,504.00

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