

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Tony Reynoso for Council 2022		Date of This Filing <u>09/22/2022</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2022 SEP 22 P 1:03 CITY CLERK DEPARTMENT </div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1447757	Report No. <u>092022</u>		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY hawthorne	STATE ca	ZIP CODE 90250	No. of Pages <u>1</u>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/22/2022	Alex Vargas for Mayor 2024 (ID# 1375353) [REDACTED] Hawthorne Ca 90250	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,500.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>
		<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 _____% <small>Provide interest rate</small>

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

Clear Page

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