

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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|--|---|---|-------------------|---|
| NAME OF FILER Vargas for Mayor 2024 | | Date of This Filing 08/19/2024 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only RECEIVED 2024 AUG 21 P 3:27 |
| AREA CODE/PHONE NUMBER [REDACTED] | I.D. NUMBER (if applicable) [REDACTED] | Report No. 24-2 | | |
| STREET ADDRESS [REDACTED] | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Hawthorne | STATE CA | ZIP CODE 90250 | No. of Pages 1 | |

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 |
|---------------|---|---|---|---|
| 08/19/2024 | Unique Auto Spa Inc [REDACTED] Downey, CA 90241 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 08/19/2024 | Building a Stronger California [REDACTED] Los Angeles, CA 90071 Committee ID # 870169 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 <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 |

***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

Reason for Amendment: _____