

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Vargas for Mayor 2024		Date of This Filing <u>10/21/2024</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">RECEIVED</div> 2024 OCT 23 A 9:12 CITY CLERK DEPARTMENT
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1375353	Report No. <u>24-9</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>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/19/2024	Poindexter for City Council 2024 (ID# 1468434) [REDACTED] Santa Ana, CA 92704		5,434.30	
	Payment for LIT & EOS			

Reason for Amendment: _____