NAME OF FILER Greg Raths		Date of This Filing 10	/17/2022	Date Stamp  Received by City Clerk 10/17/2022	CALIFC FOR	
REA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1405057	Report No. 3			For Official Use Only	
TREET ADDRESS	STATE ZIP CODE	Amendmen to Report No. (explain below)  No. of Pages	1			
. Contribution(s) Re	ceived					
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
0/17/2022 Greg Raths			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired		2250.00  Check if Loan  Owner or the second of the second
			IND COM OTH PTY SCC			Check if Loan  —
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan

Reason for Amendment: \_

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee