

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing _____	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">CALIFORNIA FORM 497</div> <p style="color: red; font-weight: bold; margin-top: 10px;">Received by the City Clerk 8/14/22</p> <p style="text-align: center; font-size: 0.8em;">For Official Use Only</p>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE	No. of Pages _____	

## 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
	Association of Orange County Deputy Sheriffs PAC #782021 <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	IND COM OTH PTY SCC		Check if Loan  _____ % <small>Provide interest rate</small>
		IND COM OTH PTY SCC		Check if Loan  _____ % <small>Provide interest rate</small>
		IND COM OTH PTY SCC		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