497 Contribution Report

Amounts may be rounded to whole dollars.

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and setting	F555年代等27.1	A for	P 431 54	z -497 CONTRIBI	TIONE

NAME OF FILER		Date of		Date Stamp CALLED		
Luna for Sheriff	2022	Report No. 04-11-RL Amendment to Report No. (explain below) No. of Pages 1		CALIFORNIA 497 FORM FORM FOR OSITION BUSIT		
AREA CODE/PHONE NUM (562) 983-0815 STREET ADDRESS	MBER I.D. NUMBER (if applicable) 1442721					
CITY Long Beach	STATE ZIP CODE CA 90802					
1. Contribution			8			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF CONMITTEE, ALSO ENTER LD. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
04/08/2022	Elisabeth Eilers South Pasadena, CA 91030		IND COM OTH PTY SCC	Psychotherapist Elisabeth Eilers	1,500.00 Check if Loan ** Provide interest rate	
04/10/2022	Thomas Eilers South Pasadena, CA 91030		IND COM OTH PTY SCC	Tennis Instructor Thomas Eilers	1,500.00 Check if Loan Provide interest rate	
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan	
Reason for Amendn	nent:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	ity)	