

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY
2022 NOV 10 AM 8:09
PROPOSITION B UNIT

Date Stamp

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Luna for Sheriff 2022			Date of This Filing 11/09/2022
AREA CODE/PHONE NUMBER (562) 983-0815	I.D. NUMBER (if applicable) 1442721		Report No. 11-09-RL
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Long Beach	STATE CA	ZIP CODE 90802	No. of Pages 1

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
11/08/2022	UFCW Western States Council Candidates PAC Buena Park, CA 90620 Committee ID # 1362802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00 <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
		<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

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