

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Villanueva for Supervisor 2024		Date of This Filing 02/13/2024 11:43	<p>RECEIVED BY LOS ANGELES CO 2024 FEB 13 PM 2:32 PROPOSITION B UNIT</p> <p>CALIFORNIA FORM 497</p> <p>For Official Use Only</p>
AREA CODE/PHONE NUMBER 562-201-8006	I.D. NUMBER (if applicable) 1462981	Report No. 178	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Whittier, CA 90603	STATE	ZIP CODE	

1. Contribution(s) Received

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
2024-02-13	David Navarro Wilmington, CA 90744	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	P.M.A. Longshoreman	1,000.00 <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

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LOS ANGELES COUNTY
Date Stamp
2024 FEB 13 PM 2:
PROPOSITION B UNIT

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CITY Whittier, CA 90603	STATE	ZIP CODE	No. of Pages 2

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____