

497 Contribution Report

Amounts may be rounded to whole dollars. RECEIVED BY LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Latino Voter Project (A Committee in Support of Albert Robles for Los Angeles County Supervisor #2 2020)		Date of This Filing 02/28/2020	Date Stamp 2020 MAR -2 PM 5:34	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER {213}489-4792	ID. NUMBER (if applicable) 1424901	Report No. 1 PROPOSITION B UNIT		
STREET ADDRESS CITY Long Beach		STATE CA	ZIP CODE 90802	
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/27/2020	Benjamin Fernandez Chicago, IL 60618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Fernandez Law Group	7,500.00 <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