497 Contribution	on Report		Amo	ounts may be rounded to w	nole dollars.	REC	SIVED MY	497 CC	NTRIBUTION REPORT
NAME OF FILER  Vera 4 Sheriff 2022				Date of This Filing03/09/2022			Date Stamp ()[]   7	CALIFORNIA 497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)		le)	Report No. 1	Report No. 1		2022 MAR -9 PM 3: 05 PROPOSITION B UNIT		For Official Use Only	
(310) 488-2607 1438141 STREET ADDRESS				to Report No.	Amendment to Report No.		SI I UM B UNIT		
COVINA		STATE	ZIP CODE 91722	(explain below) No. of Pages	1				
1. Contribution	(s) Received					100			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU			CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT RECEIVED
	Ernest Camacho Sierra Madre, CA 91	024			IND COM OTH PTY SCC	CEO, Pre Pacifica	esident a Services, Inc.		1,500.00  Check if Loan  **  Provide interest rate
			5		☐ IND☐ COM☐ OTH☐ PTY☐ SCC				☐ Check if Loan  ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC				Check if Loan
Reason for Amendme	ent:				,		*Contributor Codes IND –Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)