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497 Contrib	ution Report		Amoun	ts may be rounded to w	hole dollars.	RECEIVED BY 4970	CONTRIBUTION REPORT	
NAME OF FILER Solis for Supervisor 2022 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1436739 STREET ADDRESS CITY STATE ZIP CODE Encino CA 91436				Date of This Filing05/05/2022 Report No. 05/04/2022 Amendment to Report No		Date Stamp DAT CALIF	IFORNIA 497 FORM Conficial Use Only	
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER LD. NUMBER)			RIBUTOR CONTRIBUTOR		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
05/04/2022	Christopher Madeks Calabasas, CA 9130				IND COM OTH PTY SCC	Attorney Madeksho Law Firm	1,500.00	
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Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Comm	ntity)	