## **497 Contribution Report**

Amounts may be rounded to whole dollars.

						497 CONTRIBUTION REPORT
NAME OF FILER			Date of		RECE Date Starte	CALIFORNIA 497
Solis for Supervisor 2022			This Filing _	05/31/2022	ANGELES COUNTY	FORM 431
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				2MAY 31 PM 4:39	For Official Use Only	
1436739						
STREET ADDRESS			☐ Amendme to Report No		OPOSITION B UNIT	
CITY	ITY STATE ZIP CODE		(explain below)			
Encino		CA 91436	No. of Pages	1		
1. Contributi	on(s) Received				-	
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	
05/29/2022	Leadership Responsibility And Action PAC			□ IND		1,000.0
	Washington, DC 2000		COM			
				OTH □ PTY		☐ Check if Loan
				□ scc		Provide interest rate
05/29/2022	E-W Services Inc.					1,000.0
	Pasadena, CA 91101		☐ IND☐ COM☐ OTH			
					☐ Check if Loan	
				☐ PTY ☐ SCC		9/
						Provide interest rate
				□ IND		
				COM		
		•		☐ OTH ☐ PTY		☐ Check if Loan
	,			scc		Provide interest rate
						Provide interest rate
					*Contributor Codes	
					IND – Individual COM – Recipient Con	mmittee (other than PTY or SCC)
					OTH - Other (e.g., b PTY - Political Party	usiness entity)
Reason for Amendment:					SCC - Small Contribu	utor Committee