## 497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

**497 CONTRIBUTION REPORT**

**CALIFORNIA FORM 497**

For Official Use Only

| NAME OF FILER | | |
|---|---|---|
| Villanueva for Supervisor 2024 | | |

| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) |
|---|---|
| 562-201-8006 | 1462981 |

| STREET ADDRESS |
|---|
| |

| CITY | STATE | ZIP CODE |
|---|---|---|
| Whittier, CA 90603 | | |

| Date of This Filing | 12/21/2023 01:44 |
|---|---|
| Report No. | 65 |

☐ Amendment to Report No. _____
(explain below)

No. of Pages 2

## 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 |
|---|---|---|---|---|
| 2023-12-20 | Dolores Guerra<br><br>Whittier, CA 90601 | [X] IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired<br><br>Retired | 1,500.00<br><br>☐ Check if Loan<br>_____ %<br>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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**RECEIVED BY**
**LOS ANGELES COUNTY**
Date Stamp

**CALIFORNIA FORM 497**

| NAME OF FILER | | Date of This Filing 12/21/2023 01:44 |
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|---|---|---|
| 562-201-8006 | 1462981 | ☐ Amendment to Report No. ___ (explain below) |

| STREET ADDRESS | | |
|---|---|---|

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

## 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: _____