

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
2024 FEB 20 AM 8:59
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER
Villanueva for Supervisor 2024

AREA CODE/PHONE NUMBER
562-201-8006

LD. NUMBER (if applicable)
1462981

STREET ADDRESS

CITY STATE ZIP CODE
Whittier, CA 90603

Date of This Filing 02/17/2024 08:06

Report No. 187

Amendment to Report No. _____
(explain below)

No. of Pages 3

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
2024-02-17	Shelly Bhumitra Princeton, NJ 08540	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Sebitech Inc	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-02-17	John Burcher Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement Los Angeles County	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2024-02-17	Techno Marine Services Cypress, CA 90630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Villanueva for Supervisor 2024		Date of This Filing 02/17/2024 08:06	RECEIVED BY LOS ANGELES COUNTY 2024 FEB 20 AM 8:39 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-201-8006	I.D. NUMBER (if applicable) 1462981	Report No. 187		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Whittier, CA 90603	STATE	ZIP CODE		No. of Pages 3

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
		<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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 FEB 20 AM 8:39
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Villanueva for Supervisor 2024		Date of This Filing 02/17/2024 08:06	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 562-201-8006	I.D. NUMBER (if applicable) 1462981	Report No. _____	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below) _____	
CITY Whittier, CA 90603	STATE _____	ZIP CODE _____	

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: _____