

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2020 MAR -2 PM 5:34  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Latino Voter Project ( A Committee in Support of Albert Robles for Los Angeles County Supervisor #2 2020)

**AREA CODE/PHONE NUMBER**      **I.D. NUMBER (if applicable)**  
{213} 489-4792      1424901

**STREET ADDRESS**

**CITY**      **STATE**      **ZIP CODE**  
Long Beach      CA      90802

**Date of This Filing** 02/28/2020

**Report No.** \_\_\_\_\_

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 3

**CALIFORNIA FORM 497**

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## 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
02/28/2020	Benjamin Fernandez Chicago, IL 60618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Fernandez Law Group	2,500.00 <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
		<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

DAVID GOULD COMPANY

2134894818

02/28/2020 17:26

R=96%

Page: 001

ID: CAMPAIGN FINANCE

FEB-28-2020 04:24PM From: 2134894818