

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>STEVE UEBARIEN</u>		Date of This Filing <u>10/26/22</u>	RECEIVED LOS ANGELES COUNTY EMAIL 2022 OCT 27 AM 11:12 10/26/22 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>661-450-8099</u>	I.D. NUMBER (if applicable) <u>1455070</u>	Report No. <u>22-03</u>		
STREET ADDRESS 		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>PALMDALE</u>	STATE <u>CA</u>	ZIP CODE <u>93551</u>	No. of Pages <u>1</u>	

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
10/25/22	HEMMIE HAN # FEED LANCASTER, CA 93534	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1250 - <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/25/22	HIGH DESERT MEDICAL GROUP LANCASTER, CA 93539	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000 - <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

* 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

Reason for Amendment _____