

497 Contribution Report

Amounts may be rounded to whole dollars.

11/4/22 Email

NAME OF FILER CORONA FOR HIGH SCHOOL BOARD 2022		Date of This Filing 11/04/2022	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 323-459-2185	I.D. NUMBER (if applicable) 1449625	Report No. CC010 LOS ANGELES COUNTY	RECEIVED BY ANGELES COUNTY	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	2022 NOV -4 AM 10:35	
CITY Palmdale	STATE CA	ZIP CODE 93550	No. of Pages 1	CAMPAIGN FINANCE DISCLOSURE SECTION

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
11/04/2022	Hughes For High School Board 2022, ID# 1448522 Leona Valley, CA 93551	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,350.00 <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