

497 Contribution Report

Amounts may be rounded to whole dollars.

8/20/22 EMail 0218

NAME OF FILER Marci Baun		Date of This Filing 2022-08-19	Date Stamp LOS ANGELES CO 2022 AUG 22 PM 4:08 CAMPAIGN FINANCE 021377	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-721-4461	I.D. NUMBER (if applicable) 1449880	Report No.		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Culver City	STATE CA	ZIP CODE 90230		

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
2022-08-18	Albert Vera Culver City CA 90230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	1000.00 <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

EW