

497 Contribution Report

Amounts may be rounded to whole dollars.

0218-4

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER
Committee to Re-Elect John Allen for Water Replenishment District 2022

AREA CODE/PHONE NUMBER (213) 489-4792

I.D. NUMBER (if applicable) 1370323

STREET ADDRESS

CITY Long Beach **STATE** CA **ZIP CODE** 90815

Date of This Filing 11/04/2022

Report No. 110422-1

Amendment to Report No. _____
(explain below)

No. of Pages 1

LOS ANGELES COUNTY
Date/Stamp
2022 NOV -4 PM 3:54
-email: 11/4
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497

For Official Use Only

019524

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	Ribost Terminal LLC(Bernard Roth) Long Beach, CA 90813	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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