

# 497 Contribution Report

Amounts may be rounded to whole dollars.

2001  
5724

RECEIVED BY  
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT  
Date Stamp

NAME OF FILER ALVAREZ FOR WATER BOARD 2024		Date of This Filing 06/03/2024	<b>CALIFORNIA FORM 497</b> For Official Use Only  013698 C11307
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1427591	Report No. 6324	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Inglewood	STATE CA	ZIP CODE 90301	
		No. of Pages 1	

2024 JUN -4 AM 8:  
CAMPAIGN FINANCE

## 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
06/03/2024	Desi Alvarez Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Water Engineer Consultant Self-Employed - No Separate Business Name	25,000.00  <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

\*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: \_\_\_\_\_

tm