

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Casanova for School Board 2024			Date of This Filing 10/15/2024 Report No. 8 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	Date Stamp <div>E-Filed 10/15/2024 12:43:12 Filing ID: 212309892</div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1472468				
STREET ADDRESS					
CITY Norwalk	STATE CA	ZIP CODE 90650			

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
10/15/2024	Prime Healthcare Services, Inc. Ontario, CA 91761	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		10,000.00 <div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>

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