NAME OF FILER MARIO G. LO PEZ AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Date of C	7-24-24	Middle	CALIFORNIA 497
AREA CODE/PHONE NU. 3/0) 902 STREET ADDRESS		I.D. NUMBER (if applicable) / 30 /5 32	Report No	nt C	AMPAIGN FINANCE	For Official Use Only
Lyn woo		STATE ZIP CODE	to Report No. (explain below) No. of Pages	11		
1. Contribution(s) Received				<u></u>	
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 EMPI (IF SELF-EMPLOYED, ENTER NAME OF B	
7-17-24	Jeff	Be111Nger S, (a 90530		IZ IND COM OTH PTY SCC	teacher. Lynwood unit School Distri	Field 1, 560 rd Check if Loan Provide interest rate
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Reason for Amendr	nent:				* Contributor Codes IND - Individual COM - Recipient Committ OTH - Other (e.g., busine PTY - Political Party SCC - Small Contributor	•

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