497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER
Martinez for School Board 2024

AREA CODE/PHONE NUMBER
(562) 743-3555

I.D. NUMBER *(if applicable)*
1473308

STREET ADDRESS

CITY
Paramount, CA

STATE ZIP CODE
90723

Date of This Filing 913124

Report No. 1

☐ Amendment to Report No. _____ (explain below)

No. of Pages 1

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
913124	Diane Martinez Paramount, CA 90723	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Candidate Retired School Teacher Member of School Board	$2,000 ☑ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____