

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Josue Alvarado for Central Basin Municipal Water District #2 2024</b>			Date of This Filing <b>09/04/2024</b> Report No. <b>1</b> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <b>1</b>	RECEIVED LOS ANGELES COUNTY 2024 SEP -4 PM 4:00 CAMPAIGN FINANCE	Date Stamp <b>CALIFORNIA FORM 497</b> For Official Use Only <b>016689</b>
AREA CODE/PHONE NUMBER <b>562-686-7059</b>	I.D. NUMBER (if applicable) <b>1474126</b>				
STREET ADDRESS  					
CITY <b>Pico Rivera</b>	STATE <b>CA</b>	ZIP CODE <b>90660</b>			

## 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
09/04/2024	Josue Alvarado  Pico Rivera CA 90660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Officer/Realtor The Real Estate Store/Loan Axis	\$5,000.00 <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

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