

497 Contribution Report

Amounts may be rounded to whole dollars.

(4) NO

GE24 7NF

NAME OF FILER Josue Alvarado for Central Basin Municipal Water District		Date of This Filing 9/26/2024	Date Stamp RECEIVED BY ANGELES COUNTY	CALIFORNIA FORM 497 For Official Use Only 016689 C12043
AREA CODE/PHONE NUMBER 562-686-7059	I.D. NUMBER (if applicable) 1474126 #2, 2024	Report No. 2	2024 SEP 26 PM 3:37	
STREET ADDRESS Pico Rivera CA 90660		☐ Amendment to Report No. (explain below) 1	CAMPAIGN FINANCE	
CITY Pico Rivera		STATE CA	ZIP CODE 90660	

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
9/26/2024	Tomas Rivera Pico Rivera CA 90660	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Customer Service manager Pico Water District	937.32 ☐ Check if Loan _____% Provide interest rate
9/18/2024	Tomas Rivera Pico Rivera CA 90660	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Customer Service manager Pico Water District	833.21 ☐ Check if Loan _____% Provide interest rate
9/16/2024	Tomas Rivera Pico Rivera CA 90660	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Customer Service Manager Pico Water District	104.42 ☐ 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