

497 Contribution Report

Amounts may be rounded to whole dollars.

6E24 NF

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|--|---|--|--|---|
| NAME OF FILER Josue Alvarado for Central Basin Municipal | | Date of This Filing 10/11/2024 | Date Stamp RECEIVED BY US ANGELES CO | CALIFORNIA FORM 497 For Official Use Only 016689 C12043 |
| AREA CODE/PHONE NUMBER 562-686-7059 | I.D. NUMBER (if applicable) 1474126 | Report No. 3 | 2024 OCT 11 PM 2:41 | |
| STREET ADDRESS Pico Rivera | | CITY Pico Rivera | STATE CA | ZIP CODE 90660 |
| | | <input type="checkbox"/> 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 |
|---------------|--|---|--|--|
| 10/11/24 | 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/Broker Associate The Real Estate Store | \$4,000 <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