497 Contribu	tion Report		Amounts may be rounded to whole dollars.						
(661) 916-8841 1454712 STREET ADDRESS		I.D. NUMBER (if applica 1454712 STATE		Date of This Filing 10 Report No. 2 Amendment to Report No. (explain below) No. of Pages	20,22	PAIGN FINANCE	CALIFO FOR		
1. Contribution(s) Received								
DATE RECEIVED	FULL NAMI	ND ZIP CODE OF CONTRIB ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINE		AMOUNT RECEIVED		
10/10/22	Antelope Valley Tead		AC #1230947		IND COM OTH PTY SCC			2502 Check if Loan % 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	
Reason for Amenda	nent:					* Contributor Codes IND - Individual COM - Recipient Commi OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	ness entity))	