497 Contribution	Re	port
-------------------------	----	------

Amounts may be rounded to whole dollars.

1	
011	24
0	-

NAME OF FILER Demotion do 4 Norwalk Ladinda Vaified School Discric 2022 AREA CODE/PHONE NUMBER 1.D. NUMBER (If applicable) 14/06/1 STREET ADDRESS CITY STATE ZIP CODE La Mirada CA 90638 1. Contribution(s) Received		Date of This Filing Report No. Amendment to Report No. (explain below) No. of Pages		Pate Stamp ED BY CALIFORNIA 497 1.0S ANGELES COL FORM 497 2022 AUG 29 AM 10 34 For Official Use Only CAMPAIGN FINANCE	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIL	BUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/25/22	Jorge A. Tirado La Mirada, CA 90638		IND COM OTH PTY SCC	EMFEE Protossiond Engineer	Scheck 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 Amendr	ment:			* Contributor Codes IND - Individual COM - Recipient Committee (other OTH - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee)