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497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER RESIDENTS FOR PROGRESS AREA CODE/PHONE NUMBER (310) 817-6679 STREET ADDRESS CITY Inglewood STATE CA ZIP CODE 90301		Date of This Filing 08/20/2021 Report No. 82021 <input type="checkbox"/> Amendment to Report No. <small>(explain below)</small> No. of Pages 1	2021 AUG 20 AM 9 CAMPAIGN FINANCE CALIFORNIA FORM 497 For Official Use Only G11232
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
08/20/2021	Dr. Sharma Henderson for City Council 2021 (ID# 1438920) Inglewood, CA 90301	Sharma Henderson City Council Member City of Carson District 4	1,000.00	11/02/2021

Reason for Amendment: _____

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 08-20-2021
 05:24:01 a.m.
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