

497 Contribution Report

Amounts may be rounded to whole dollars.

(4) Lu

0218-4

NAME OF FILER BECKY LANGENWALTER LANGENWALTER FON NLMUSD SCHOOL BOARD 2022		Date of This Filing 8/15/22	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 AUG 16 PM 1:27	CALIFORNIA FORM 497 For Official Use Only 021438 C11745
AREA CODE/PHONE NUMBER 562 686 8256	I.D. NUMBER (if applicable) FPPC 1451219	Report No. _____	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS		No. of Pages 1	CAMPAIGN FINANCE	
CITY LA MIRADA	STATE CA	ZIP CODE 90638		

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
8/10/2022	BECKY LANGENWALTER LA MIRADA, CA 90638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED SOUL CARE COUNSELING	3000.⁰⁰ <input checked="" 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