

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Maravilla for Council 2020		Date of This Filing 9/30/2020	Date Stamp SEP 30 11:27 AM '20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 338-3665	I.D. NUMBER (if applicable) 1415337	Report No. 3		
STREET ADDRESS 22123 Clarkdale Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/30/2020	Five Star Express Car Wash 12245 Carson Street Hawaiian Gardens, CA 90716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500 <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