497 Contribution Report

497 Contribution Report			Amoun	its may be rounded to	497 CONTRIBUTION REPORT				
NAME OF FILER Del Rio for Council 2020				Date of This Filing 09/15/2020		Date Staring	CALIFORNIA 497		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					**************************************				
			10)	Report No. 3		SEP 16'20	For	For Official Use Only	
(562) 338-1118 STREET ADDRESS		1425690		 :		gang Maritan La F			
22008 Devlin A	· · · ·			☐ Amendment					
CITY	we.	£1.47 & 1.44	71D 000E	to Report No (explain below)	·				
		STATE	ZIP CODE	No. of Pages3					
Hawaiian Garde	ens	CA	90716	No. or Fage.	-				
1. Contributi	on(s) Received							`	
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AN (IF COMMUTTEE, ALSO S		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER BUSINESS)	AMOUNT RECEIVED	
08/27/2020	Maravilla for Counc 21602 Belshire Ave, Hawaiian Gardens, C Committee ID # 1415	,#2 CA 90716			☐ IND			85.30	
	In-Kind contribution				☐ OTH ☐ PTY ☐ SCC			Check if Loan	
08/27/2020	Maravilla for Counc 21602 Belshire Ave. Hawaiian Gardens, C Committee ID # 1415 In-Kind contribution	,#2 A 90716			☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		-	1,241.66	
09/02/2020	Maravilla for Counc 21602 Belshire Ave. Hawaiian Gardens, C Committee ID # 1415	,#2 A 90716			□ IND ☑ COM □ OTH			Provide interest rate	
	In-Kind contribution	***			☐ PTY ☐ SCC			Check if Loan % Provide interest rate	
				-					
Reason for Amen	idment:					*Contributor Codes IND - Individual COM - Recipient Con OTH - Other (e.g., bt PTY - Political Party SCC - Small Contribut	siness enti	ty)	

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497 Contrib	oution Report	Amount	s may be rounded to v	vhole dollars.	5	497 C	ONTRIBUTION REPORT	
NAME OF FILER		·	Date of		Date Stamp 書	CALIF		
Del Rio for C	buncil 2020		This Filing _	09/15/2820		FORM 497		
AREA CODE/PHONE	NUMBER	I.D. NUMBER (#applicable)					Official Use Only	
(562)338-1118 1425690		1425690	Report No. 2			1 01	1 of Official OSE Office	
STREET ADDRESS 22008 Devlin Ave.			Amendment to Report No.		Sten 1 1 1 1 1 1 1 1 1 1			
CITY	CITY STATE ZIP CODE		(explain below)					
Hawaiian Gardens CA 90716			No. of Pages3					
1. Contribut	ion(s) Received							
DATE RECEIVED	FULL N	NAME, STREET ADDRESS AND ZIP CODE OF CONTROL (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/04/2020	Maravilla for Co 21602 Belshire A Hawaiian Gardens Committee ID # 1 In-Kind contribution	ve.,#2 , CA 90716		☐ IND ☑ COM ☐ OTH ☐ PTY			54 . 05	
		415337		□ отн			☐ Check if	

		CODE "	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED
09/04/2020	Maravilla for Council 2020 21602 Belshire Ave.,#2 Hawaiian Gardens, CA 90716 Committee ID # 1415337	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		54.05
				Provide interest rate
09/05/2020	Maravilla for Council 2020 21502 Belshire Ave.,#2 Hawaiian Gardens, CA 90716 Committee 1D # 1415337	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		19.85 Check if Loan ** Provide interest rate
09/10/2020	Maravilla for Council 2020 21502 Belshire Ave.,#2 Hawaiian Gardens, CA 90716 Committee ID # 1415337 In-Kind contribution	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		143.67 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

497 Contribution Report			Amount	s may be rounded to w	hole dollars.	Tele code Security Security Security Security	497 C	497 CONTRIBUTION REPORT	
NAME OF FILER Del Rio for Council 2020 AREA CODE/PHONE NUMBER L.D. NUMBER (# applicable)			Date of This Filing	Date Stamp 🚡 C			CALIFORNIA 497		
			_		16.20	For	Official Use Only		
(562)338-1118 1425690			Report No. 2		7		-		
STREET ADDRESS		•		☐ Amendme	nt				
22008 Devlin A	Ave.		•	to Report No					
CITY		STATE	ZIP CODE	(explain below)	•				
Hawaiian Garde	≘nş	CA	90716	No. of Pages	3				
1. Contributi	ion(s) Received							****	
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AI (IF COMMITTEE, ALSO		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF		AMOUNT RECEIVED	
09/11/2020	Maravilla for Coun 21602 Belshire Ave Hawaiian Gardens, Committee ID # 141 In-Kind contribution	.,#2 CA 90716			☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		,	G.6.6. ☐ Check if Loan ———————————————————————————————————	
09/12/2020	Maravilla for Coun 21602 Belshire Ave Hawaiian Gardens, Committee ID # 141 In-Kind contribution	.,#2 CA 90716			☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			8.33 Check If Loan Provide interest rate	
					IND COM OTH PTY SCC			Check if Loan % Provide Interest rate	
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., t PTY – Political Party SCC – Small Contribu	usiness ent		