497	Contrib	ution	Rep	orf
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Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Del Rio for Council 2020			Date of		Date Stamp CALIFORNIA 407	
			This Filing	09/21/2020	FOR	
AREA CODE/PHONE NUMBER (562) 338-1118 STREET ADDRESS 22008 Devlin Ave. CITY STATE LD. NUMBER (# applicable) 1425690 STATE ZIP CODE				For	For Official Use Only	
		Report No. 3.		· .		
		Amendment to Report No				
						Hawaiian Garde
	on(s) Received					
DATE RECEIVED	_ FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	FRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/20/2020	Maravilla for Cou 21602 Belshire Av Hawaiian Gardens, Committee ID # 14 In-Kind contribution	e.,#2 CA 90716		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,982.58 Check if Loan Provide interest rate
09/20/2020	Maravilla for Cou 21602 Belshire Av Hawaiian Gardens, Committee ID # 14	e_,#2 CA 90716	•	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		320.45 Check If Loan % Provide interest rate
				IND COM OTH PTY SCC		Check if Loan "" Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND –Individual COM – Recipient Committee (off OTH – Other (e.g., business eni PTY – Political Party SCC – Small Contributor Committee	tity)