

497 Contribution Report

Amounts may be rounded to whole dollars.

DATE RECEIVED

NAME OF FILER Maravilla for Council 2020		Date of This Filing 10/12/2020	Date Stamp 497	CALIFORNIA FORM	
AREA CODE/PHONE NUMBER (562) 338-3665	I.D. NUMBER (if applicable) 1415337	Report No. _____			For Official Use Only
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 (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
10/12/2020	Laborers' International Union of North America Local 1309 3971 Pixie Avenue Lakewood, CA 90712	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/12/2020	Rendon for Assembly 2020 #1414788 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <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