

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Francisco Noyola		Date of This Filing 10/16/2020	Date Stamp	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER 562-565-0047	I.D. NUMBER (if applicable) 1432186	Report No. <u>2</u>		
STREET ADDRESS 12509 221st Street		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	No. of Pages _____	

## 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
10/16/2020	Rosario Vasquez 12509 221st Street, Hawaiian Gardens, CA. 90716	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cerritos College	2,350 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2020	AFSCME LOCAL 3634 PAC ACCOUNT #1334366	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC ACCOUNT #1334366	1000 <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