## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER				Date of This Filing 10/04/2022		CALIFORNIA 497	
HAWAIIAN GARDENS	1000000 - 00000 - 00000 - 00000 - 00000 - 00000 - 00000 - 000000			This Filing	10/04/2022		
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)			Report No. 100422-1		DECEIVE FO	r Official Use Only	
STREET ADDRESS  DITY  STATE  ZIP CODE			Amendment to Report No (explain below)		BY: 16		
Hawaiian Gardens	s CA 90716		No. of Pages1				
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAMI	E, STREET ADDRESS AN (IF COMMITTEE, ALSO E	ID ZIP CODE OF CONTRIBU NTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/04/2022	Silvestre Vazquez Buena Park, CA 9062 (LOAN)	20				Office Manager S & J Auto	1,500.00  Check if Loan  % Provide interest rate
a.					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan  ———————————————————————————————————
,					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan  ———————————————————————————————————
Reason for Amendr	ment:					*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)