497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Alvarado for Council 2022		Date of This Filing 11/07/2022		Date Stamp CALIFORNIA 497	
AREA CODE/PHONE NUM STREET ADDRESS CITY Hawaiian Gardens 1. Contribution	I.D. NUMBER (if applicable) 1442881 STATE ZIP CODE CA 90716	Report No. 4 Amendment to Report No		FORM For Official Use Only NOV 0 7 2022 BY:	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (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
	Brea, CA 92821		☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 Check if Loan Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amendme	ent:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee	ity)