

497 Contribution Report

Amounts may be rounded to whole dollars.

8/29/22

0218

NAME OF FILER CORONA FOR HIGH SCHOOL BOARD 2022		Date of This Filing 08/24/2022	RECEIVED BY LOS ANGELES COUN 2022 AUG 26 AM 8:40 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only 021372
AREA CODE/PHONE NUMBER 323-459-2185	I.D. NUMBER (if applicable) 1449625	Report No. CC001-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Palmdale	STATE CA	ZIP CODE 93550		
		No. of Pages 1		

1. Contribution(s) Received

C11708

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
08/23/2022	National Staff Assault Task Force Palmdale, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,900.00 <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
		<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

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