۹,	
15. 4	
100	
-1-	
3	

497 Contribution Report Amounts may be rounded to whole dollars. RECEIVED BY 497 CONTRIBUTION REPORT US A Palestano CUUI CALIFORNIA NAME OF FILER Date of email: 8/31/22 This Filing \_\_\_08/31/2022 FORM Committee to Re-Elect John Allen for Water Replenishment District 2022 2022 AUG 31 PM 4: AREA CODE/PHONE NUMBER 1.D. NUMBER (if applicable) For Official Use Only Report No. 083122-1 CAMPAIGN FINANCE (213) 489-4792 1370323 STREET ADDRESS ☐ Amendment to Report No. ... (explain below) CITY STATE ZIP CODE No. of Pages \_\_\_\_ Long Beach 90815 1. Contribution(s) Received IF AN INDIVIDUAL. DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TAUOMA ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 08/31/2022 John Hancock 2,000.00 Real Estate Investor X IND Bancap Long Beach, CA 90803 ☐ COM □ OTH ☐ Check if Loan □ PTY ☐ SCC Provide interest rate 08/31/2022 Bernie B. Brown Judge 1,000.00 X IND State of California Los Angeles, CA 90012 ☐ COM  $\sqcap$  OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate 08/31/2022 Deputy Sheriff Michael Kurinii 1,000.00 X IND County of Los Angeles Los Angeles, CA 90012 ☐ COM □ OTH Check if Loan ☐ PTY □ scc Provide interest rate \*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party Reason for Amendment: \_\_\_

SCC - Small Contributor Committee

## 497 Contribution Report

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER		Date of	( (		Date Stamp	CALIFO			
Committee to Re-Elect John Allen for Water Replenishment District 2022				This Filing	08/31/2022			FOR	M TOI
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (if applicable	(6)	083132-1				For	Official Use Only
(213) 489-4792 1370323				Report No. 08	3122-1				
STREET ADDRESS				1					
			☐ Amendment to Report No.		ĺ				
CITY		STATE	ZIP CODE	(explain below)					
Long Beach		CA	90815	No. of Pages	2				
1. Contribution	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *		IF AN INDIVIDUAL, R OCCUPATION AND EM EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED	
08/31/2022 Victoria Mortensen Long Beach, CA 90803					IND IND	Retired None			1,000.00
	nong beach, ca 500.	03			COM				☐ Check if Loan
					☐ PTY				
					□ scc				Provide interest rate
					☐ IND				
					COM OTH				Chack if Loan
					☐ PTY				☐ Check if Loan
	,				scc				Provide interest rate
					☐ IND				
					COM				
					DTH				☐ Check if Loan
					scc		,		%
									Provide interest rate
						(	*Contributor Codes		
							IND – Individual		
							COM - Recipient Cor		
							OTH - Other (e.g., b PTY - Political Party	usiness ent	ty)
Reason for Amen	dment:					- [	SCC - Small Contribu	tor Committ	ee