497 Contribution Report

Reason for Amendment:

Amounts may be rounded to whole dollars.

RECEIVED BY NAME OF FILER **CALIFORNIA** Date of This Filing ___09/26/2022_ Mike Murchison for Water Replenishment District 2022 FORM 2022 SEP 27 AM 9 I.D. NUMBER (if applicable) AREA CODE/PHONE NUMBER emailed: 9/26/27 For Official Use Only CAMPAIGN FINANCE Report No. 09-26-MM 1450013 (562)983-0815 STREET ADDRESS 021389 ☐ Amendment to Report No. (explain below) CITY STATE ZIP CODE No. of Pages ____ Long Beach 90802 1. Contribution(s) Received IF AN INDIVIDUAL FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR TRUOMA DATE ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 1,000.00 South Cord Management LLC(Damian Martin) 09/23/2022 ☐ IND Long Beach, CA 90803 ☐ COM X OTH ☐ Check if Loan PTY ☐ SCC Provide interest rate 09/23/2022 Expert Building Operations/ Shea White Inc. 1,000.00 ☐ IND Long Beach, CA 90815 COM X OTH ☐ Check if Loan ☐ PTY SCC Provide interest rate 09/23/2022 The Termo Company 1,000.00 ☐ IND Long Beach, CA 90807 COM X OTH ☐ Check if Loan ☐ PTY ☐ SCC Provide interest rate *Contributor Codes IND - Individual

> FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

497 Contribu	ution Report		Amounts m	ay be rounded to w	hole dollars.	RECEIVED BY 497	CONTRIBUTION REPORT
NAME OF FILER				Date of		OS ANDESER COUN CALIF	ORNIA 407
Mike Murchison for Water Replenishment District 2022				This Filing _	.09/26/2022	FO	ORM 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			le)	Report No. 09-26-MM		2022 SEP 27 AM 9: 05 FG	or Official Use Only
(562) 983-0815 1450013 STREET ADDRESS						CAMPAIGN FINANCE	
STREET ADDRESS				Amendment to Report No.			
CITY		STATE	ZIP CODE	(explain below)			
Long Beach		CA	90802	No. of Pages	2		
1. Contributi	on(s) Received	<u> </u>		-			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU			UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/23/2022	George Murchison	George Murchison			X IND	Retired N/A	3,150.00
	Long Beach, CA 90815				COM OTH PTY	17.6	☐ Check if Loan
					□ scc		Provide interest rate
09/24/2022	Howard Chapman					Retired	1,000.00
	Long Beach, CA 90803					Retired	☐ Check if Loan
					PTY		Check ii Loan
					scc		Provide interest rate
					☐ IND		
					OTH		☐ Check if Loan
					☐ scc		Provide interest rate
						*Contributor Codes	
Reason for Amer	dment:					IND – Individual COM – Recipient Committee (committee) OTH – Other (e.g., business e) PTY – Political Party SCC – Small Contributor Committee	ntity)